

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

## New Calpol Sachets.

It's what your customers have been crying out for.



Parents rely on Calpol's tried and trusted formula to help soothe away the aches, pains and fever of childhood illnesses.

Now, in response to research with parents, Calpol Infant Suspension

is available in handy, portable individual dose sachets.

Calpol Sachets are designed to be easy for mums to carry around and are perfect for use when they're out and about.

So if you would like to help make mum's life a little bit easier while ensuring her children get effective pain and fever relief wherever and whenever they might need it, stock new Calpol Sachets.

**Calpol Infant Suspension and Calpol Sugar-Free Infant Suspension.** **Presentation** Suspension containing 120mg paracetamol per 5ml. **Uses:** Treatment of mild to moderate pain (ie teething pain) and as an antipyretic. **Dosage:** repeat dose every 4 hours if necessary, up to a max. of 4 doses in 24 hours. **Children 1-6 years:** 5-10ml, 3 times a day. **2.5-5 ml, infants under 3 months:** 2.5 ml for babies who develop a fever following vaccination at 2 months. In other cases, use only under medical supervision. **Contraindications:** Hypersensitivity to Paracetamol. **Precautions:** Caution in severe hepatic or renal dysfunction. **Side and adverse effects:** Rarely skin rash and other allergic reactions. **RSP (ex VAT):** 70 ml £1.52 (Calpol Infant Suspension only), 140 ml £2.80. 10 x 5 ml sachets £2.20. **Legal category:** 70 and 140 ml bottles: P. Sachets: GBL. Further information is available from: Warner-Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh SO53 3ZQ. **Product licence numbers:** Calpol Infant Suspension: 15513/0004, Calpol Sugar-Free Infant Suspension: 15513/0006. **Date of preparation:** August 1998.

***DOOP aims to tackle £52m medicine waste***

***Patient leaflets MLX triggers 'complete folly' attack***

***Elderly storage of medicines is unsafe***

***Pharmacy Alliance rolled out at***

***UniChem convention***

***Boots/Superdrug in civil recovery pilot***



***Visibility clear for the eye market***

Online at <http://www.dotpharmacy.com/>





## New Pack Graphics

Distinctive and impactful new look for Migraleve™ 12's and 24's

Clearer front-of-pack claims

Guaranteed extra sales

## £1.5m Support Package

Powerful consumer press campaign

Intensive public relations programme

New in-store point of sale package

## Paracetamol Legislation

Migraleve 48's are converting to POM with separate distinctive pack graphics

All Migraleve packs now feature new legal warnings

**Migraleve™ Abbreviated Product Information.** **Migraleve Tablets.** **Indications:** For treatment of migraine attacks which can include the symptoms of migraine headache, nausea and vomiting. **Presentation:** **Migraleve Pink** - pink tablets each containing Butizine Hydrochloride BP 5.25mg, Paracetamol DC 96% 520mg equivalent to Paracetamol PhEur 500mg, Codeine Phosphate PhEur 8mg. **Migraleve Yellow** - yellow tablets each containing Paracetamol DC 96% 520mg equivalent to Paracetamol PhEur 500mg, Codeine Phosphate PhEur 8mg. **Dosage and administration:** **Adults:** **Treatment:** Two Migraleve Pink tablets immediately if it is known that a migraine attack has started or is imminent. If symptoms persist, two Migraleve Yellow tablets every four hours. Maximum eight tablets (two Migraleve Pink and six Migraleve Yellow) in 24 hours. **Children 10-14 years:** One Migraleve Pink initially. If required one Migraleve Yellow every four hours. Maximum four tablets (one Migraleve Pink and three Migraleve Yellow) in 24 hours. Not for administration to children under 10 except under medical supervision. **Elderly (over 65 years):** As for adults. **Contra-indications, warnings, etc:** **Contra-indications:** Hypersensitivity to any of the ingredients. **Precautions:** Patients suffering from high blood pressure should be treated for this condition independently. Because of the possibility of drowsiness, consideration should be given to patients involved in hazardous occupations.

Avoid alcoholic drink. Migraleve should be used with caution in patients with liver or kidney dysfunction. Migraine medically diagnosed. Migraleve should not be taken with prescribed medicines or for extended periods without the doctor. **Side-effects:** Rarely, allergic reactions such as skin rashes, hives or itching (paracetamol), constipation (phosphate) or drowsiness (butizine hydrochloride). **Use in pregnancy:** Whilst there are no specific reasons for contraindicating Migraleve during pregnancy, as with all drugs, it is recommended that Migraleve be used with caution in pregnancy; is not contra-indicated in breast-feeding mothers. **Treatment of overdose:** As for paracetamol (i.v. acetylcysteine) (injection of naloxone). **Package quantities and Price:** **Trade:** Migraleve: 12 - £2.22; 24 - £3.91. Migraleve: £2.31; 24 - £4.31. Migraleve Yellow: 12 - £1.99; 24 - £3.42. **Basic NHS Price:** Migraleve: 48 - £5.10; Migraleve: £5.56; Migraleve Yellow: 48 - £4.70. **Legal category:** P (12s, 24s); POM (48s). **Product Licence Numbers:** PL 01906/0028; Migraleve Pink - PL 01906/0026; Migraleve Yellow - PL 01906/0027. **Marketing Authorisation:** Pfizer Consumer Healthcare, Alton, Hampshire GU34 2TJ. **Date of preparation:** August 1998. Further information from: Pfizer Consumer Healthcare, Wilsons Road, Alton, Hampshire, GU34 2TJ.



# CHEMIST & DRUGGIST

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## COMMENT

It is reasonable to expect that when you are 'consulted', some of your concerns will be taken on board, especially if they are echoed by other parties in the process. In this light, it is therefore reasonable to question the Medicines Control Agency's 'consultations'. To them, 'to consult' seems to mean 'to inform'.

In response to the infamous MLX 231 on analgesic rescheduling, the pharmacy bodies pointed out possible pitfalls such as the ludicrous ruling on the same pack size restrictions applying to aspirin 75mg tablets as well as aspirin 300mg. When the legislation was drafted, the profession's views were ignored, as were manufacturers' concerns. Similarly, MLX 247 on patient packs seems to be a letter of intent, rather than consultation - but this time, the consequences will be more far reaching and longer lasting. Plenty of noise is being made by pharmacists and the industry. It will remain to be seen if this is reflected in the regulations.

It has been suggested that it is 'the pharmacists' who have been the delaying factor all along over the patient packs initiative. This overlooks the fact that the proposals received broad support from pharmacy, medical and industry groups, who have been waiting for a move from the DoH. The Department has now seen fit to pass the buck to the MCA as a deadline fast approaches for the UK to bring the European legislation on side by 1999.

The MCA is there to ensure medicines' safety, quality and efficacy. Efficiency, however, should be the remit of the Department itself and both these MLXs have had the whiff of political economy lingering over them. Now is the time for the Government to explain MLX247's merits or, rather, its expense to the Exchequer, keeping that all encompassing clinical effectiveness in mind.

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## Pharmacists advise Glasgow GPs

Thirty pharmacists in Glasgow are visiting GP surgeries to advise on repeat prescribing.

The pharmacists, most of whom work in the community, took part in an intensive updating course last spring. They have now been allocated to individual GP practices, usually on one day a week, to review medication in patients taking four or more drugs.

Pharmacists will profile case notes and then see patients in a clinical setting in the surgery. The GP will be given recommendations for the patient's medication. Greater Glasgow Health Board will pay pharmacists an attendance fee of £150 per day.

The project is managed by Primary Care Pharmaceutical Consultants.

## Touchscreen study for pharmacy

A pharmacy is needed for a pilot study on the use of touch-screen technology, to take place at the end of the year.

The programme will provide information on coughs and colds. Patients are asked to describe their symptoms and are presented with a list of possible treatments or action, and told to ask the pharmacist if necessary.

The research is the subject of a PhD thesis by Emmanuel Opaleke, being supervised by Dr Larry Goodyer, lecturer in clinical pharmacy at the college. It follows other health promotion computer work carried out by Dr Goodyer.

It will start in December or January and run for one month. Contact Dr Goodyer on 0171 333483.

## Doctors give up dispensing to open pharmacy

A pharmacy has opened in a village in Lincolnshire, which has not had its own pharmacy for 23 years.

Six GPs from the local dispensing practice have given up their dispensing rights in order to buy a pharmacy for the village. Nene Pharmacy Ltd of Sutton Bridge, near Spalding, was opened in August.

Dr Couch, a partner at the medical centre, said: "The village has grown enormously recently and the logical thing to do was to provide a full pharmaceutical service for the population."

Jeffrey Chalk, superintendent pharmacist, is offering a full pharmaceutical service from the premises as well as homoeopathic consultations.

# DOOP wants waste study

DOOP, the organisation that destroys unwanted medicines returned to health authorities, is hoping for a national study into why so many medicines are being wasted.

DOOP has asked Professor Colin Pritchard, professor of psychiatry and social studies, Southampton University, to carry out a study of GP prescribing patterns and patients' medication habits. Professor Pritchard has applied to the Department of Health for funding.

A director of DOOP, Hugh Gillies, told C&D: "We are incinerating about £1 million worth of unwanted medi-

cines a week. As we have about 65 per cent of health authority contracts in England and Wales, it could mean that £100m worth of pharmaceuticals are disposed of every year. That is enough to employ 4,500 nurses."

The weight of medicines returned by patients to GPs or pharmacists is increasing by over 25 per cent a year, he said: "We report back to the health authorities quarterly so they are aware of the trends. They are all alarmed but no-one does anything about it."

Several factors could be involved. "Either patients are being more diligent about returning unwanted medi-

cines or there could be too much hotch-potch repeat prescribing," he added. Another concern was the way nursing homes cleared out medicine stocks every month and started afresh.

These are some of the issues to be explored in Professor Pritchard's project, which could be an all-encompassing study taking 18 months to two years at a cost of £100,000, or a simpler study costing £20,000. One aim is to present evidence to the DoH on how wastage could be reduced.

"We also want to make the public aware that all these medicines are going up in smoke," said Mr Gillies.

# PSNI calls for pharmacy NHSnet link

Dorothy Graham, president of the Pharmaceutical Society of Northern Ireland has added to the profession's call to be part of the NHSnet.

The development of the NHSnet to produce a more comprehensive treatment and management system for patients is an opportunity for pharmacy to move towards the goals of Vision 2020, she said at the PSNI's annual meeting last Thursday.

Pharmacists would benefit by greater input to patient care, inclusion in the primary healthcare team, improved liaison with other healthcare professionals, extension of the role into disease management and



Dorothy Graham

improved patient awareness of the service provided, she said. "Exclusion of pharmacy from the NHSnet would place the profession at a disadvantage in relation to the rest of the primary healthcare team."

Ms Graham outlined the work of the Society over the past year, which included the production of six position papers: Continuing Professional Development; Standards for Pharmacy Technical Staff; Health Promotion and the Pharmacist; the Development of Information Services within the Health Services; Therapeutic Management Services; and Strategic Alliances.

Ms Graham stressed that the Society is not in favour of mandatory pharmacist continuing education. "However, it is important that we, as a Society, are not seen on the one hand to support through its code of ethics CPD, but then, in policy statements seem to be opposed to it. The PSNI must be seen by the public and the Government to be taking positive steps towards ensuring that the profession is equipped and supported to undertake CPD, and that action is taken to motivate pharmacists to comply with this."

The General Purposes Committee will be co-ordinating the position papers and sending them out to members for consultation.

## Other points

- PSNI is to meet, possibly this week, with the UCA and PCC regarding the proposed relocation of the shared premises to Riverside Office Park, Newforge Lane, Belfast.
- The Society's computer system has been updated and the assurance has been given that the office will not suffer from the millennium bug.
- Two batches of first year pharmacy students visited the premises and an evening was held for pre-registration students.

## PSNI accounts

The Pharmaceutical Society of Northern Ireland's accounts for the year ending May 31 show there was a reduction in the surplus over expenditure compared to the previous year.

For 1998, the surplus was £41,185 compared to £56,330 for 1997. However, fixed assets increased to £215,595 from £194,781. Current assets also rose to £132,528, from £94,950. Current liabilities were £316,966 (up from £280,305).

Individual figures for 1998 include

<b>From income:</b>	
Retention fees	£120,562
Licences	£18,275
Registration fees	£12,438

<b>From expenditure:</b>	
Rents/rates/insurance	£11,021
Salaries and NI	£65,921
Staff pension scheme	£11,841
Office expenses	£10,471
Courses/conferences	£11,341
Dinners	£1,891
House expenses	£16,931



## A good read

National Pharmaceutical Association members are being offered 6,000 free baby magazines on a first come first served basis for distribution through their pharmacies.

Up to 100 copies per pharmacist of *Baby Magazine* are available each month and can be distributed to pregnant women and first-time mothers. Each magazine normally retails at £1.80, so although there is a small handling charge to cover post and packaging, it can represent goodwill of nearly £200 to customers, says the NPA.

Interested members should contact the NPA press office on 01727 858687 exts 311, 265, 229 or 227.

● The NPA features predominantly in a special health magazine from *Women's Realm*, aimed at the over 40s. *Health for the 40 plus* is in newsagents now, priced £1.20.

## Progress with PCG contacts

Most primary care group localities have now been confirmed and local pharmaceutical committees have established relationships with most key players. Several areas have LPC members nominated for a co-opted place on the board and North Tyne has two rotational pharmacists confirmed as co-opted.

A second survey from the Pharmaceutical Services Negotiating Committee also shows that many LPCs have established good working relationships with local medical committees, community health councils and directors of public health. Most LPCs have designated members to co-ordinate the committee's activities with PCGs and have set up working groups to look at the opportunities for community pharmacy contractors.

A questionnaire was sent to all LPCs and 94 replied. The results include:

- 84 have confirmed PCG localities with the average number of PCGs being five
- 85 have designated members, while three with few PCGs in their area are acting as a whole to co-ordinate PCG activities
- 77 PCGs have LPC member representation in their area
- six of the 17 LPCs without member representation in a PCG locality have co-opted non-LPC contractors to provide representation
- 11 LPCs reported that PCG board members have been confirmed, but most are still being selected
- 62 LPCs have set up a working group to look at opportunities for contractors.

### Northern Ireland statistics

There were 1,834,147 items dispensed from 1,086,937 prescription farms in Northern Ireland in July. The ingredient cost was £18.84 million (£17.62m net). Discount was £1.212m, with ancast and other payments totalling £2.878m. The gross cost was £20.50m (£19.92m net). Gross cost per prescription was £11.1775 with ingredient cost £10.2693. The net ingredient cost per prescription was £9.6088.

### Drug Alert

Schwarz Pharma Ltd is recalling batches of Isaket Injection (isabarbide dinitrate) 0.05 per cent, 50ml, batch numbers 73002 09 up to and including 74604 21, 40181 01 and 40181 03, distributed since April 1994, due to some long-term stability problems. The Class 3 recall was issued by the Medicines Central Agency on October 1. Schwarz Pharma can be contacted on 01494 797500.

### New look to NPA web pages

The National Pharmaceutical Association has redesigned its internet site. It can be found at <http://www.npa.co.uk>.

### Oxygen fees in Surrey

Pharmacists in West Surrey have a new scale of fees for providing domiciliary oxygen. From October 1, contractors receive £40 for each new or additional headset supplied and £9 for each oxygen cylinder delivered.

## Healthy hearts scheme in Lloyds

Lloyds Pharmacy is offering customers an assessment of the risk of developing heart disease.

Its Healthy Heart Check scheme includes measuring blood pressure and cholesterol levels and recording lifestyle factors, such as smoking habits, exercise levels and alcohol level. These are fed into a computer with other dates to reveal the customer's relative risk, quantified in terms of a 1-100 risk factor rating. A pharmacist then offers lifestyle advice and suggests appropriate action that can be taken to reduce the individual's risk of developing heart disease.

There are two levels of testing - a general one giving a comprehensive overview, and the gold service going into more detail. Prices for the assessments vary between £12.99 and £20. The patient is also given literature supporting a healthier lifestyle at the end of the consultation.

The scheme was first trialed last year and is now being set up in six pharmacies in Peterborough, Solihull, Coventry, Maidstone and Rothwell. It is planned that a further six pharmacies will join. Pharmacists have attended a special training day and are asked to brief staff about the scheme.



Consultations normally take place in a quiet area or a separate room

## Look out for this month's Update question paper

Enclosed in this week's issue is the questionnaire for Pharmacy Update modules carried during September:

- Polycystic ovarian syndrome (1101)
- Toxoplasmosis (1102)
- Menopause (1103).

Pharmacy Update is a distance learning programme and is accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service on 0891 444791 (premium rates apply). Internet users can catch up by accessing the dotpharmacy site (<http://www.dotpharmacy.com>) which has a library of previous modules and questionnaires.

A telephone marking service is available for a fee of £12.50 plus VAT. A certificate is issued to verify the number of hours of continuing education achieved.

Pharmacy Update is supported by Genus Pharmaceuticals.

## More attacks on label plans

More pharmacy organisations have condemned the Medicines Control Agency's proposals for the supply of spare medicine labels and leaflets.

The National Pharmaceutical Association has described the proposals as "administratively cumbersome, fraught with logistical difficulties and likely to compromise patient safety", while the Scottish Pharmaceutical General Council sees the plans as "complete folly".

The NPA Board will tell the MCA that the patient pack initiative remains the best way to implement the Labelling and Packaging Directive 92/27/EEC. The proposals in the MCA's consultation letter MLX247 amounted to a "fragmented and inconsistent approach" which would "create an administrative nightmare for pharmacists and confuse patients". Pharmacists would have to spend time sorting and storing a plethora of different leaflets - time that should be spent on patient care and counselling.

The "safety net" under which manufacturers would have to supply extra leaflets within 24 hours was unworkable as there were no suitable despatch mechanisms in place, and expecting wholesalers to distribute them was "neither practical nor realistic", the Board agreed. There would be further confusion from limited rounding proposals which would allow some medicines to be dispensed in patient packs and others from bulk.

The Board was concerned that, as the January deadline for full implementation of the Directive was rapidly approaching, pharmacists faced a range of practical obstacles in fulfilling its requirements while remaining within their terms of service. The Board hoped the MCA would fully address these difficulties and agreed to give members comprehensive guidance once the MCA had announced how it would implement the Directive.

The SPGC is also urging the MCA to

think again, chairman George Romanes said: "We fully support the requirement that medicines should be supplied to patients with full information on the label and with a leaflet to facilitate safe and correct usage. However, we consider some of the proposals in MLX247 to be not only impractical but [they] may in some cases put patients at risk."

He described the supply of extra labels and leaflets as "folly in the extreme" and the rounding proposals as "parsimonious". Although a prescriber might want an exact number of doses which meant splitting a patient pack, "We believe that, in the interests of safety, the excess should be destroyed. The cost of time and effort and the potential risk in trying to obtain extra labels and leaflets in order to use up part packs far outweighs the cost saving on the product."

The resulting "dog-ends" might have no printing to identify the product, which was dangerous, he said.



## Problems with new analgesic packs

The National Pharmaceutical Association's information department took a record number of calls, 785, on September 16, the day that new regulations on analgesic pack sizes came into force.

Half the calls were questions about the new regulations. Some members were annoyed at having been left to explain the Government's changes to confused and angry patients, and to defend themselves against inaccurate, media-fuelled criticism of pharmacists "cashing in" on the changes.

Many members said they were having difficulty obtaining supplies of some products, particularly aspirin 75mg.

UniChem said on Tuesday that its own-brand analgesics were all available again, apart from aspirin 75mg in 32s, which was being packed this week. Cox Pharmaceuticals said the main problem had been dispersible aspirin 75mg, but supplies should be restored later this month.

Simon Hendry, Wallis Laboratory's business unit director, said sales of 16 tablet packs had "gone through the roof" because of aggressive supermarket pricing and the company was working at full capacity to cope with demand.

SmithKline Beecham and Whitehall Laboratories had experienced no problems with their proprietary brands.

## Pharmacists needed for clinical audit

Community pharmacists are being invited to take part in a clinical audit of prescribing for elderly people.

The audit, one of ten national sentinel projects being funded by the NHS Executive, aims to improve the quality of prescribing for people over 65 in primary and secondary care. It is being co-ordinated by pharmacist Reena Aggarwal, who is based at the clinical age research unit, King's College School of Medicine and Dentistry.

The pharmacists will be recruited to local multidisciplinary coalition teams to be set up in England, Wales and Northern Ireland, and will be involved in data collection for a week in March-April next year. Prescribing will be assessed as appropriate or inappropriate, according to principles of evidence-based medicine, and information fed back locally. The pharmacists will then help GPs to implement changes, after which there will be a further audit.

Miss Aggarwal told C&D that the audits will be tailored to suit local needs. She can be contacted on 0171 346 3420.

# Elderly medicine habits

Over 90 per cent of older people do not lock away medicines when young children are visiting. And although four in ten respondents said they store medicines out of reach of children, nearly 10 per cent leave them lying on open surfaces.

Supported by Help the Aged, the Royal Pharmaceutical Society is using these figures to launch a campaign on Tuesday highlighting the risk to children from grandparents' medicines. "This potentially dangerous practice is likely to be a major contributing factor in the annual toll of up to 8,500 children under five who are admitted to accident and emergency units every year with suspected poisoning by medicines," it says.

People over the age of 70 are more likely to leave medicines on an open

surface than those aged between 60 and 69 (23 per cent compared to 3 per cent, respectively), the Society's survey found. This may be because the older group is likely to take several different medicines during the day. The survey found 87 per cent of respondents took up to four different medicines regularly.

The Society says that older people's casual attitude to storage does not indicate a lack of care on the grandparents' part, but a lack of understanding. "We need to bridge the gap between the need for older people to lock medicines away and their need to remember to take their medicines safely and at the correct times," said the Society's Roger Odd. "The research indicates a lack of understanding into how determined children can be."

A five point charter on medicine

safety has been devised for the elderly by the Society and Help the Aged. The campaign will be backed by television personality and the charity's support committee chairman Diane Moran. The Pharmacy Healthcare Scheme is also issuing pharmacies with an updated leaflet, 'Medicines are not child's play'.

● The survey asked people aged 60 and over, with children aged 0-5 regularly visiting the household, where they store medicines. The responses included the following:

In an unlocked draw or cupboard	71%
In an unlocked bathroom cabinet	6%
In a handbag	10%
On an open surface	9%
In a locked drawer or cupboard	6%
In the fridge	4%
Total locked away	6%
Total unlocked	94%

## Warwick University gets its own pharmacy on campus

A new pharmacy opened at Warwick University campus, Coventry, last Monday.

The opening is the result of a survey of students carried out by the university, which found that a pharmacy was the most wanted new service on campus. The local health authority was contacted, who invited applications from all contractors in the area.

Mr Dhaliwal, executive director and superintendent pharmacist of Dhaliwal Ltd, won the contract with his student-orientated approach. "In our application we made a point of looking after the student," said Mr George Paisley, pharmaceutical consultant to Mr Dhaliwal.

Mr Dhaliwal will be concentrating on lines geared towards students, such as sports injury treatments and family planning, but he will also be providing for mature students and staff with lines such as baby foods.

The pharmacy, in the retail complex at the university, is part of the Dhaliwal Ltd group, which already owns six

pharmacies in Coventry.

Due to a last minute appeal against Dhaliwal winning the contract, the

company only had two weeks to turn the empty retail unit into a pharmacy ready for business.



Barbara Maude, president of the National Association of Women Pharmacists, cuts the ribbon at the opening ceremony. The ribbon cutting was followed by an 'ardass' prayer (a blessing) by Jarnail Sing Dhaliwal, executive director and superintendent pharmacist of the company (far left). Also present were George Paisley, pharmaceutical consultant to Mr Dhaliwal (far right), and Clive Dove-Dixon (third from left), retail director at the university.

## New prescription charge receipts and refunds form issued

A new NHS prescription charge receipts and refunds form is being introduced by the end of the year. New procedures for the prescription prepayment certificate application form FP95 are also being issued by the NHS Executive.

The FP57 is now green and blue (to deter counterfeiting and forgery) and bears the NHS logo. Old forms are being phased out by December, but new forms are being introduced now. NHSE is asking that all pharmacies keep a supply of the new FP57 forms where dispensing takes place and pre-

scription forms are collected.

The NHSE points out that the Post Office will only accept new forms in respect of prescription charges paid on or after January 1. It will not accept any forms unless the cash amount equals the number of charges paid times the charge current at the date of payment, therefore pharmacy staff should avoid arithmetical errors. The 11-digit prescription form serial number should also be entered whenever possible to help combat abuse.

Patients presenting old, white forms at post offices for a charge paid after

this December will be sent back to the pharmacy to obtain a new version.

FP95s will not be held by the Department of Social Security any more, but will be held at main post offices. NHSE also hopes practitioners could hold a supply of FP95s. Patients requests for a PPC to be backdated more than seven days will be refused.

FP57s should be stored securely and kept out of reach of patients, as should pharmacy stamps, says NHSE. Following thefts of stamps and forms the stamps have then been used as models for counterfeiting.



## Mark Pilling



Mark Pilling is a locality pharmacist for Kirby, funded jointly by the St Helens and Knowsley Health Authority and a commissioning group of 25 GPs. He is based at 11 practices.

His ever-expanding areas of activity include medicines management, PACT analysis, formulary development, warfarin monitoring and multidisciplinary work within the locality.

Mark was a pharmaceutical adviser at St Helens and Knowsley for four years, where he became convinced of the scale and importance of medicines management. He believed that enthusiastic and motivated pharmacists could make an improvement to patient care and set about proving it to others.

Initially, Mark had meetings with GPs to discuss PACT data, but over the past two years his role has broadened considerably. Now he analyses prescribing, in particular disease areas, and produces a formulary agreement and management plan. Changes in prescribing habits are then analysed and discussed with the GPs.

"Pressure within general practice has created an opportunity for pharmacists in medicines management," says Mark. "There is a huge need that is not being met." Over the past few months he has been asked by GPs to meet with patients who have medication problems and provide advice on an individual basis.

But medicines management, Mark points out, is no longer regarded as a 'new initiative'. The word is spreading and many more pharmacists are now working with GPs. Within St Helens & Knowsley HA over the past year, five pharmacists have been employed to do work similar to Mark's.

More recently, Mark has set up and managed a pharmacist-led warfarin clinic with over 160 patients registered. Previously, GPs purchased the service from a local hospital, but now Mark and a team of three other pharmacists monitor the warfarin levels. Mark says the service has proved extremely popular with patients, as they don't have to travel so far, and with GPs, as it is provided at a lower cost than the hospital, despite the fact that the patients are seen more often.

His advice to fellow pharmacists is: "If you don't put your key in the lock, you won't open the door and you'll never know what's on the other side."

# Xrayser

Topical Reflections

## A revolution in electronic prescribing

By now all submissions to the Government's autumn strategy document for community pharmacy should have been sent, but perhaps a postscript is necessary.

It may be pure coincidence, but in the very week that the deadline for submissions expired, the Department of Health issued a potentially explosive strategy document outlining a seven year plan for the electronic linking of all parts of the NHS (C&D October 3, p4).

I know that linking all GPs to the NHSnet is not new, but these latest proposals have included community pharmacy and the assertion that electronic prescribing should be in place by March 2002. Full details are still to be announced, but nationally co-ordinated electronic prescribing could produce a revolution in community pharmacy which cannot be ignored by Mr Dobson's autumn strategy document.

Medication management is fundamental to the community pharmacist's extended role, with the responsibility for long-term medication control being transferred to the pharmacist, while the doctor retains clinical responsibility. Present models involve patient registration, but if this was introduced it would produce gross commercial distortion.

Ideally a patient should always use the same pharmacy, but equally they must be allowed free lifestyle access to NHS pharmaceutical services in other locations. Medication management can only be effective if all the patients' records are accessible to the consulted pharmacist. With connection by all pharmacies to the NHSnet, this would be achieved and the patient's freedom of choice maintained without registration.

Pharmacist payment systems would have to change to a service fee per managed patient in order to remove the conflict of interest of remuneration tied to a fee per item dispensed, but at a stroke, a payment system based on service will have been achieved which is



still dependent on the customer voting with their feet. And as the icing on the cake, a ceiling could be applied to the numbers above which a second pharmacist must be employed.

Now that is what I call a revolution, but has Mr Dobson the courage to grasp the nettle? I believe he does and fully understands the consequences of this timely announcement on electronic prescribing.

## Bring back the old-fashioned remedy

One of my local doctors is still regularly prescribing cough mixtures for patients with upper respiratory tract problems. The other day I was reminiscing with him over the good old days of stock remedies and extemporaneous mixtures.

He regretted that now he couldn't prescribe Benlyn, Mist. Expect and Mist. Chlorof et Morph, and was restricted to Simple Linctus and Pholcodine. The conversation turned to the problems with antibiotic resistance and the suggestion that GPs are over-prescribing.

Now I know he would prefer not to prescribe so many antibiotics, but I can understand the pressure he

suffers from demanding patients. In the good old days, when all those common mixtures did no good, they at least kept the patient happy while the viral infection resolved itself.

It may be too late to turn back the clock, but perhaps we should once again be looking towards a less sophisticated pattern of prescribing. The blacklisting of so many ineffective, old-fashioned remedies left a gaping hole in the doctor's prescribing armoury. A gap that has now been filled by the routine use of antibiotics, but where a simple black mixture with the caveat of wait and see was often sufficient.

## Playing pass the parcel

Another tranche of yesterday drugs, this time by Rhône-Poulenc Rorer, has been transferred to Helios Healthcare and Hawgreen, with, once again, a massive hike in price (C&D October 3, p8).

It may make good business for pharmaceutical companies to play pass the parcel with the NHS, but some very active advice by pharmaceutical advisers to doctors, on the change in prices and the availability of generic equivalents, could leave them holding the baby!





# Counterpoints



## Strepsils Extra finds new niche

Crookes Healthcare has introduced Strepsils Extra to fill the gap between simple lozenges and the stronger Pharmacy line anaesthetic treatments.

A GSL product, Strepsils Extra contains hexylresorcinol which acts as an antiseptic and a gentle local anaesthetic for painful sore throats. The blackcurrant-flavoured lozenges are suitable for adults and children over six: one lozenge can be sucked every three hours to a maximum of 12 in 24 hours.

Crookes believes consumers are now trading up to more efficacious products.

Strepsils Extra will be available from the end of October. Packs of 24 lozenges retail at £2.15.

**Crookes Healthcare Ltd.**  
Tel: 0115 9539922.



## An island of calm in a world of stress...

...is the theme of a new press advertising campaign for Natracalm and Natrasleep natural sedatives.

Running from October until December, the £160,000 campaign is appearing in the national press and women's magazines.

The advertising is designed to show that Natracalm and Natrasleep complement each other to provide a day and night solution to stress and sleeplessness.

Peter Black Healthcare estimates that the natural sedatives market is worth around £12 million at retail last year.

**Peter Black Healthcare Ltd.**  
Tel: 01283 228300.

## Cold-Gard lozenge sniffs at colds

Weider is launching a new cold treatment, Cold-Gard lozenges, at the end of October.

The lozenges contain zinc acetate, which the company claims can reduce the duration of a cold as well as help prevention. Weider also claims that zinc is better absorbed from the acetate form than from other compounds.

Cold-Gard lozenges retail at £3.99 for 18 and £5.99 for 36.

The launch is being supported by a promotional campaign running in *Woman's Weekly*.



**Weider Nutrition Ltd.**  
Tel: 01908 611110.

## Haliborange adds fizzy supplements

The Haliborange range has been extended to include two new effervescent supplements.

Haliborange Effervescent High Strength Blackcurrant (20 tablets, £3.69) contains 1,000mg of vitamin C in each tablet, which dissolves in water to give a sugar-free, tangy fruit drink.

The other addition is Haliborange Effervescent Calcium Plus Vitamin D (20 tablets, £3.25), which produces a

sugar-free, citrus fruit-flavoured drink. Each tablet contains 400mg calcium and 2.5mcg vitamin D. Two tablets yield more calcium than a glass of milk.

Each launch is being supported by a £1 million advertising and PR campaign which will run in national dailies, Sunday newspapers and women's magazines.

**Seven Seas Health Care Ltd.**  
Tel: 01482 375234.

## Discover and First Response relaunched

Carter Wallace is relaunching Discover 2 and First Response early pregnancy tests and First Response ovulation test.

Discover 2 pregnancy test has been renamed Discover Today and is now a one-minute, one-step test. The test

sticks have a wider absorbent tip and the new packaging is more slimline. The price remains the same.

First Response early pregnancy test and ovulation test have been repackaged into a slimline pack wrapped with cellophane. First

Response now has a clear test stick with a wider absorbent tip. The clear stick means that the test can be seen working immediately. Again, prices remain the same.

Promotional deals are available for a limited period from the company.

**Carter Wallace Ltd.**  
Tel: 01303 850661.



## Added value for Imodium

Johnson & Johnson has introduced a value-for-money pack for its Imodium Plus anti-diarrhoeal brand.

The economy family pack contains 18 chewable tablets. With a rrp of £7.95, it offers a 23 per cent saving on the pack of six.

**Johnson & Johnson MSD Consumer Pharmaceuticals.**  
Tel: 01494 450778.



### IN BRIEF

#### Cuprofen Max Strength in 96s

A 96 tablet pack has been added to the Cuprofen Maximum Strength range. The Pharmacy-only product retails at £6.99.

**Seton Healthcare Group plc.** Tel: 0161 654 3000.

#### Star backing

British actress Hannah Gordon is fronting a new £150,000 campaign for Peter Black Healthcare's Red Kooga ginseng brand. Targeting women over 35, the advertisements will appear in national newspapers and women's magazines. The campaign will run until the end of the year.

**Peter Black Healthcare.**  
Tel: 01283 228300.

#### Iron in pregnancy

The British Meat Nutrition Education Service is aiming to help educate parents about the importance of iron in pregnancy and weaning, with a series of advertisements in the mother and baby press and advertorials in the healthcare press. The campaign will run from November. The BMNES can also supply free copies of 'Food in Focus' - a practical guide to weaning.

**British Meat Nutrition Education Service.**  
Tel: 01932 350006.



Now on  
TV



## JUGGLING A BUSY LIFE MAY BE HARD TO SWALLOW, BUT NEW SETTLERS WIND-EZE GEL-CAPS AREN'T.

Fast food, fast living, juggling a family and a career, lifestyle stresses can be a right pain in the stomach, thanks to trapped wind. Affecting almost 1 in 3 people,<sup>1</sup> painful trapped wind has a characteristic bloating feeling that's easy to spot and easy to remedy, with new Settlers Wind-eze Gel-Caps.

Developed to work fast and designed with the consumer in mind, new Settlers Wind-eze Gel-Caps are liquid filled, easy to swallow and, unlike some remedies, have no chalky taste. So stock up now, because with a £2 million spend in the run up to Christmas, new Settlers Wind-eze Gel-Caps is one performer that's too good to miss.



Contains simethicone

**New, liquid filled, to bring express relief from bloating & trapped wind.**

**Product Information:** Settlers Wind-eze Soft Gel Capsules. **Presentation:** Simethicone USP 125mg in a white soft gel capsule. **Dosage and Administration:** One gel capsule to be taken, 3 or 4 times daily or as required after meals. Not recommended for children under 12 years. **Uses:** antifatulent defoaming agent for symptomatic relief of flatulence, wind, pains, bloating, abdominal distension and other symptoms associated with gastrointestinal gas. **Precautions:** Should not be used by patients with known hypersensitivity to any of the ingredients.

Seek medical advice if symptoms persist or worsen. May be used safely during pregnancy and whilst breast feeding. **Legal category:** GSL. Cost inclusive of VAT £3.49 (20's). **Product Licence Number:** PL0036/0073. **Product Licence Holder:** Stafford-Miller Ltd., Welwyn Garden City, Herts, AL7 3SP. **Date of Preparation:** September 1998. **Reference:** 1. Taylor Nelson research, November 1995. DO3746.

**STAFFORD-MILLER**



## Laughtons is sweet to little girls



Laughtons is launching a new range of Lady Jayne children's hair accessories.

Aimed at girls aged three to nine, the Sweetheart range includes 24 school and party lines.

The school collection combines a mixture of bandeaux, scrunchies, ponytailers, slides and clips in co-ordinating colours to complement school uniforms.

Colourways are predominately blues, reds and blacks with a splash of cream, pink and orange. There is a selection of red and blue gingham bandeaux and mini scrunchies.

Also available is a satchel size hairbrush with rubber bristles to massage and protect the scalp.

The party collection has a more glitzy feel with sparkly bandeaux and co-ordinated scrunchies, clawclips and sleepie clips. It features bold shades of red, purple, pink, green, orange, turquoise and blue.

The line-up also includes a transparent party purse, which contains a selection of accessories.

Retail prices range from £0.79 for the mini bands to £1.99 for the party purse.

**Laughton & Sons.**  
Tel: 0121 436 1114.

## No Need for soap



Midland Cosmetic Sales is launching No Need, an anti-bacterial hand cleanser that requires no water or towels, as it is absorbed into the skin.

No Need will be available in a 250ml size (£1.99) and as a pocket pack (£0.99). It will be available from December 1.

**Midland Cosmetic Sales plc.**  
Tel: 0121 359 0099.

## Glitter with Miners' trio

Miners is introducing a new range of three-in-one hair and body glitter gels.

Called Triple Dips, the gels contain multicoloured glitter to shimmer under disco lights. Each pot is divided to contain three flavours featuring heart holograms, shiny moons and glittering stars.

The pots come in Fruity Fever -



violet/banana/vanilla; Fruit Frenzy - violet/blueberry/grapefruit; and Fruit Frazzle - vanilla/blueberry/raspberry.



Retail price is £4.99.

● Miners is also launching a holographic collection of sparkling hair mascaras, body glitters and nail polishes. Colours include silver, gold, turquoise and purple. Retail prices start at £1.75.

**Miners International Ltd.**  
Tel: 01264 350379.

## A clean sweep with vitamin C

Laboratoires Garnier is launching a new cleansing range containing vitamin C.

The Synergie C cleansing range comprises three vitamin C-enriched products. Reviving Foam Wash is a gel formula which comes in a pump dispenser. Reviving Cleansing Milk is a light cleansing fluid and Reviving Toner is formulated to make the skin feel fresh and radiant. All retail at £3.79 for 200ml.

Vitamin C is included in the products to promote skin elasticity, helping to combat dull, lifeless and tired skin. Laboratoires Garnier says the anti-oxidant properties of vitamin C help to protect the fatty membranes of the cells in the epidermis against premature ageing.

**Laboratoires Garnier**  
Tel: 0171 937 5454.

## Eve Taylor's brush now available

Following its successful launch at Chemex '98 Eve Taylor's Facial Cleansing Brush is now available to pharmacists.

Made from a soft, rubber compound, the cleansing brush (rsp £4.59) is intended as a substitute for cotton wool or a face cloth. It works with a gentle action, without dragging or scratching the skin.

**Eve Taylor (London) Ltd.**  
Tel: 01733 321101.

## Natural way to treat problem skin



Health Imports is introducing two new natural treatment products for problem skin.

Thursday Plantation Tea Tree Skin Cleanse is a two-part acne and pimple treatment based on tea tree oil from Australia.

Skin Cleanse Daily Face Wash (rsp £4.45) is a soap-free cleanser that can be used twice a day. It is pH balanced and contains tea tree oil for controlling skin bacteria, and camomile extract to soothe inflamed skin.

Skin Cleanse Blemish Gel (rsp £3.95) contains 20 per cent tea tree oil. It is formulated to kill bacteria and unblock the skin's sebaceous ducts. The product contains camphor to cool the skin and reduce pruritis, which is often associated with acne.

**Health Imports Ltd.**  
Tel: 01274 488511.

### PRODUCT INFORMATION:

**Presentation:** Nicorette Plus and Nicorette contain 4 mg and 2 mg of nicotine respectively chewing gum base. **Indication:** An aid to smoking cessation. **Dosage and Administration:** Each should be chewed slowly for 30 minutes. After 30 minutes, Nicorette Gum should be gradually withdrawn. Maximum recommended daily Nicorette Plus: 15 x 4 mg pieces. Nicorette Gum: 15 x 2 mg pieces. Not suitable for children. **Precautions:** Peptic ulcer, gastritis, angina, coronary disease. **Contra-indications:** Pregnancy. **Adverse effects:** Occasional hiccups, indigestion, hypersensitivity, throat irritation, allergy, mouth ulcers. **Quantities:** Boxes of 15 pieces, 30 pieces and 60 pieces, in blister strips of 15 pieces. Nicorette Plus (PL0022/0113) (£1.70) (15), (£3.98) (30), (£10.80) (60). Nicorette Gum 2 mg (PL0022/0101) (£1.49) (15), (£3.00) (30), (£8.05) (105). (Trade price correct at time of printing). **Legal Category:** P. **Date of preparation:** February 1997. **P.L. Holder:** Pharmacia Laboratories Ltd, Avenue, Milton Keynes MK5 8PH. Tel: 01908 661101.

**Product Information: Nicorette Patch 10 mg and 5 mg.** **Presentation:** Transdermal system available in sizes (30, 20 and 10 cm<sup>2</sup>) releasing 10 mg, 10 mg and 5 mg of nicotine respectively over 24 hours. **Indications:** An aid to smoking cessation. **Dosage and Administration:** Nicorette Patch should not be used concurrently with other nicotine replacement therapy and patients must stop smoking completely when using treatment. The recommended treatment should occupy 3 months. One Nicorette Patch should be applied to a dry, non-hairy area of skin on the upper arm or chest in the morning and removed at night. Application should be limited to 16 hours within a 24 hour period. Patients are recommended to continue with one 15 mg patch daily for the first 8 days. Patients who have remained abstinent should be supported through a weaning period, consisting of 10 mg patch daily for 2 weeks followed by one 5 mg patch daily for a further 2 weeks. Patients should be reviewed at 3 months and if abstinence has not been achieved further courses of treatment may be recommended. It is considered that the patient would benefit from continued treatment. **Precautions:** History of angina, recent myocardial infarction or cerebrovascular accident, serious arrhythmias, systemic hypertension or peripheral vascular disease, history of peptic ulcer, diabetes mellitus, thyroidism, pheochromocytoma, chronic glaucoma, dermatological disorders. **Contra-indications:** Smokers, children under 18 years, pregnancy, known hypersensitivity to nicotine or component. **Warnings:** Erythema may occur. If severe or persistent, discontinue treatment. **Side-effects:** Application reactions (e.g. erythema and itching), headache, nausea, palpitations, dyspepsia and myalgia. **Category:** P. **Package Quantities:** Cartons of 10 Nicorette Patches in single sachets in the quantities: Nicorette Patch 15 mg (PL 0022/0103) - packs of 7 (£9.07). Nicorette Patch 10 mg (PL 0022/0104) - packs of 7 (£8.36). Nicorette Patch 5 mg (PL 0022/0103) - packs of 7 (£7.20). (Trade price at time of printing.) Full prescribing information on request. **Date of preparation:** November 1996. **P.L. Holder:** Pharmacia Laboratories Ltd, Avenue, Milton Keynes MK5 8PH. Tel: 01908 661101.

**Product Information: Nicorette Inhalation Cartridge.** **Presentation:** Inhalation Cartridge containing nicotine for oromucosal use via a mouthpiece. **Indications:** Nicotine dependence and symptoms of smoking cessation. **Dosage:** Adults & Elderly: 1 Cartridge/day for 8 weeks. Half no. of cartridges weeks 9 & 10. Stop usage in weeks 11 and 12. **Contra-indicated:** below age 18 years. **Indications:** Intolerance to menthol or nicotine. **Pregnancy and lactation:** Non tobacco users. **Warnings:** Cease smoking before use. Bedroom temperature. **Caution:** In peptic ulcer, myocardial infarction, arrhythmias, hypertension, peripheral vascular disease, gastritis, renal disease, diabetes, hyperthyroidism, pheochromocytoma. **Interactions:** Dose of some drugs may need adjustment. **Side Effects:** Most commonly cough of nose, mouth and throat, gastro-intestinal symptoms. **Pharmaceutical Precautions:** Store below 30°C. **Category:** P. **Package quantities and cost:** Pack - (£3.39), 42 - Refill Pack - (£17.46). (Trade price at time of going to press). **P.L. Holder:** Pharmacia Laboratories Ltd, Avenue, Milton Keynes MK5 8PH. Tel: 01908 661101. (PL0022/0105). **Date of Preparation:** September 1998.

# NICORETTE



# *Whose smoking support programme is a breath of fresh air?*



## *You can bet it's Nicorette.*

For smokers who want to quit using NRT is half the battle.

Willpower is the other. So, as well as offering a range of NRT formulations suitable for different smoker types, Nicorette is launching 'The Fresh Start' Complete Quitters Support Programme.

It's been expertly devised to help you help your customers through the three month programme, as well as advising them on how to stay stopped. And when they get welcome support, you can welcome sales.



# NICORETTE®

Contains nicotine



Pharmacia & Upjohn

Supplies are available from your pharmacy specialist or telesales on 01908 246 774 [www.nicorette.co.uk](http://www.nicorette.co.uk)



## Sendhill combs away head lice

Sendhill has launched two head lice combs, Nitcomb-M1 and M2.

The combs are light-coloured for easy detection, feature a non-slip grip to aid combing and come in display packs of 12. Nitcomb-M1 (£2.49) has a single row of stainless steel teeth and M2 (£2.99) has a double row. The double row of teeth makes the comb more effective and less likely to cause tangling, claims the company.

Nitcomb-M2 is designed by a pharmacist, Shantilal Pabari, who is also managing director of Sendhill.

Sendhill is producing an information poster about head lice. The company is sending 17,000 copies to schools and GP surgeries nationwide.

**Sendhill Ltd.**  
Tel: 0181 595 7836.



# Wyeth takes a plunge with bottled spring water for babes

Wyeth Laboratories is taking its first step outside the baby milks market with the launch of spring water for babies.

The company has taken over All's Well spring water for babies from the Gleneagles Spring Waters Company and has re-branded it as SMA Spring Water.

SMA Spring Water is a ready-to-use pure spring water suitable for infants from birth onwards. It is presented in a clear, disposable bottle (250ml), complete with a pre-sterilised fast-flow teat, protected by a tamper-evident shrink sleeve.

The water is sourced from a spring in Gleneagles, Scotland, and is treated with ozone to ensure

bacteriological purity. It has a very low mineral and sodium content.

Available in shrink-wrapped outers of 12 bottles, the water will retail at around £0.84.

According to Simon Shneerson, new product development manager for SMA, research shows that now is the right time for the company to launch a spring water for babies.

"The ready-to-serve drinks sector is growing at 12.1 per cent compared to a massive 73.4 per cent growth in the purified baby water sector. A pure, natural spring water that needs no preparation before use, and is suitable from birth, is a logical extension to the market."

● Currently valued at around £1.2



million per annum, purified baby waters form part of a fast-growing sector of the overall baby drinks market, worth £21m (FSA 4/98).

**Wyeth Laboratories.**  
Tel: 01628 604377.

### Toe in the water

Coloplast's first TV campaign for its Compeed Corns moist wound healing plasters will be on air in the Carlton region this month. Part of a £250,000 advertising spend, this initial test campaign will run from October 12-23.

**Coloplast Ltd.** Tel: 01733 392000.

## Gillette has shaving all wrapped up

Gillette is introducing two Christmas gift sets featuring its new Mach3 triple blade shaving system.

The Mach3 Shaving Set (rsp £6.99) includes the Mach3 razor, aftershave splash, shave gel and a green face cloth.

The Mach3 Christmas Ultimate Grooming Set (rsp £14.99) comprises

the Mach3 razor, aftershave gel, shave gel, shower gel, male body spray and a toiletry bag.

Both sets are available in the Pacific Light fragrance.

A TV and radio advertising campaign will break on October 16.

**Gillette UK Ltd.**  
Tel: 0181 847 7268.

## AN IMPORTANT LECTURE FOR INDEPENDENT PHARMACISTS

**"Virtual Change-  
The benefit of added value"**  
by

**Barry Andrews FRPharmS**

Managing Director of Moss Chemists

### VENUE

Royal Pharmaceutical Society of Great Britain  
1 Lambeth High Street, London SE1 7JN.

### DATE & TIME

Wednesday 21st October 1998 - 7.30pm.  
Refreshments provided.

### CONTACT

Vicki (Avicenna) on 01737 217125 to confirm attendance. Free admission by reservation.



## Snap up a cuddly toy with your Fuji film

Fuji Photo Film is running an appealing autumn/winter promotion to boost sales for its films and single use cameras.

Customers who buy two Fujicolor Superia or Nexia films, or one of the range of Fujifilm Quicksnaps, can take home a cuddly baby hedgehog.

A range of point-of-sale material is available to support the promotion.

**Fuji Photo Film (UK) Ltd.**  
Tel: 0171 586 5900.



### ON TV NEXT WEEK

**Aquafresh Flex Direct:** All areas except U, C4, GMTV

**Colpermin:** G, C, M, CAR, Sat

**Compeed Corns:** CAR

**Deep Relief:** C4, C5

**Deflatine:** All areas except CTV, LWT, TSW

**Nyol:** All areas

**Panadol:** U

**Prospert:** Sat

**Setlers:** All areas

**A** Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire



When your  
customers have a

\*@★⚡#!

**MIGRAINE**

or \*@★⚡#!

**BACK PAIN**

or \*@★⚡#!

**PERIOD PAIN**

or \*@★⚡#!

**DENTAL PAIN**

you need to use  
strong language

More customers are finding that for strong pain -  
from migraine to dental pain - Paramol can make  
the difference.

Combining the trusted pain relief of paracetamol  
with the added power of dihydrocodeine,  
Paramol provides your customers with highly  
effective pain relief - and a highly profitable  
recommendation for you.

So make sure you ask your Seton Healthcare  
representative about our strong deals.

 Seton  
Healthcare Group plc



**Product Information. Presentation:** Each white tablet engraved PARAMOL contains 500mg Paracetamol BP and 746mg Dihydrocodeine Tartrate BP. **Indications:** For the treatment of mild to moderate pain, including headache, migraine, feverish conditions, period pains, toothache and other dental pain, backache and other muscular pains, and also as an anti-pyretic. **Dosage and Administration:** PARAMOL Tablets should, if possible, be taken during or after meals. **Adults and Children over 12 years:** 1 or 2 tablets every four to six hours. Do not exceed 8 tablets in any 24 hour period. **Children under 12 years:** Not recommended. **The Elderly:** Caution should be observed in increasing the dose in the elderly. **Contraindications:** Hypersensitivity to paracetamol or any of the other constituents. Respiratory depression, obstructed airways disease. **Other special warnings and precautions:** PARAMOL tablets should be given with caution to patients with allergic disorders and should not be given during an attack of hepatic disease. An overdose can cause hepatic necrosis. Care is advised in the administration of paracetamol to patients with severe renal or hepatic impairment. The hazard of overdose is greater in those with non-cirrhotic alcoholic liver disease. Do not exceed the recommended dose. Patients should be advised not to take other paracetamol containing products concurrently. **Use in pregnancy and lactation:** Studies in human pregnancy have shown no ill effects due to paracetamol used in the recommended dosage, but patients should take their doctor's advice before use. **Interactions:** Metoclopramide, Domperidone, Cholestyramine, Warfarin and other coumarins. Alcohol. Available published data does not contraindicate breast-feeding. **Other undesirable effects:** Adverse effects of paracetamol are rare, but hypersensitivity including rashes may occur. Constipation, if it occurs, is readily treated with a mild laxative. Nausea, vertigo, headache and giddiness may occur in a few patients. If symptoms persist, consult your doctor and keep out of reach of children. **Overdosage:** Contains paracetamol. In case of suspected overdose, patients should be admitted to hospital urgently and medical attention sought immediately. **Legal Category:** P. **Package Quantities and RSP:** 12's £2.25; 24's £3.89; 32's £4.45. **PL Number:** 11314/0050. **PL Holder:** Seton Products Ltd, Oldham. **Date of Preparation:** June 1998. Further information is available on request from the Licence Holder. PARAMOL is a Registered Trade Mark.

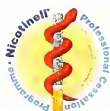




## It's how Nicotinell makes your customers feel.

When your customers are ready to quit smoking it's Nicotinell they turn to for support from nicotine craving. They're free to choose from:

- The UK's No.1 patch programme available in 3 easy steps with 24 hours of relief in every patch.
- Regular and new Extra Strength fast acting gum in original Fruit and Mint that 7 out of 10 cigarette quitters prefer.
- Additional support for committed quitters with the Nicotinell Loyalty Programme.
- All backed by a £3 million heavyweight advertising campaign.



- And extensive trade and consumer PR coverage.

Even more reason to feel free to recommend Nicotinell with confidence.

**The Nicotinell®**  
Quit Smoking Programme

Helps your customers set themselves free from smoking

Further information from  
Novartis Consumer Health, Horsham RH12 5AB Or call 01403 218111  
or e-mail [nicotinell.info@ch.novartis.com](mailto:nicotinell.info@ch.novartis.com) Legal category:P.

**Presentation:** Transdermal patch containing nicotine, available in three sizes (30, 20 and 10cm<sup>2</sup>) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours. Nicotine chewing gum containing 2mg and 4mg nicotine, in fruit and mint flavour. **Indications:** Treatment of nicotine dependence, as an aid to smoking cessation. **Dosage and Administration:** Stop smoking completely when starting treatment. Patch: For those smoking more than 20 cigarettes a day, treatment should be started with Nicotinell TTS30 once daily. Those smoking less should start with Nicotinell TT520 once daily. Sizes 30, 20 and 10cm<sup>2</sup> permit gradual withdrawal of nicotine replacement, using treatment periods of 3-4 weeks with each size. Doses above 30cm<sup>2</sup> have not been evaluated. The treatment is designed to be used continuously for 3 months, but not beyond. However, if still smoking at the end of the 3 month period, further treatment may be recommended following a re-evaluation of the patient's motivation. Gum: one piece of gum to be chewed when the user feels the urge to smoke. Normally, 8-12 pieces per day, up to a maximum of 25 pieces of 2mg gum per day or 15 pieces of 4mg gum per day. After 3 months, the user should gradually cut down the number of pieces chewed. **Contra-indications:** Non smokers, occasional smokers, children under 18 years. As with smoking, Nicotinell is contra-indicated during acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident, pregnancy and breast feeding, skin diseases preventing patch application and known hypersensitivity to nicotine. **Precautions:** Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment, peptic ulcer. Discontinue use if a persistent skin reaction occurs when using the patch. Keep out of the reach of children at all times. **Side Effects:** Smoking cessation causes many withdrawal symptoms. Events which may be related to smoking cessation include headache, sleep disturbances, gastro-intestinal disturbances and myalgia. Nicotine patches: most common adverse effects are reactions at the application site (usually erythema or pruritus). Nicotine gum: may cause throat irritation, hiccuping, minor indigestion or heartburn. **Legal Category:** P. Retail Price and Product Licence Nos. Nicotinell TTS10 (Nicotine) (PL0030/0107) in packs of 7 patches £15.29, Nicotinell TT520 (Nicotine) (PL0030/0108) in packs of seven patches £15.99, Nicotinell TT530 (Nicotine) (PL0030/0109) in packs of 21 patches £39.99 and 7 patches £16.99. Nicotinell Fruit 2mg (Nicotine) (PL0030/0110) and Nicotinell Mint 2mg (Nicotine) (PL0030/0112) in packs of 12 £2.49, packs of 24 £4.69, packs of 48 £8.99 and packs of 96 £13.99. Nicotinell Fruit 4mg (Nicotine) (PL0030/0111) and Nicotinell Mint 4mg (Nicotine) (PL0030/0113) in packs of 12 £2.75 and packs of 48 £9.99. **PL Holder:** Novartis Consumer Health, Wimblehurst Rd, Horsham, RH12 4AB. **Date of Preparation:** June 1998.



# Script specials



## IN BRIEF

### New Alvedon strengths

Alvedon paracetamol suppositories now come in 60mg and 250mg strengths in addition to the existing 125mg paracetamol suppositories. The basic NHS prices for 10x60mg packs is £9.96 and for 10x250mg the price is £23.00

Navex Pharmo Ltd. Tel: 01628 491500.

### Juvela offers Xmas cheer

Juvela will be introducing Gluten-Free Mince Pies from November in time for the festive season. Packs of six pies will retail at £3.41. Unlike Juvela's other products, the Gluten-Free Mince Pies will not be available on prescription.

SHS International. Tel: 0151 228 1992.

### Seroxat indicated for shyness

Seroxat (paroxetine) is now indicated for social phobia, a seriously debilitating condition which is often trivialised as shyness. Seroxat is already licensed for depression and other anxiety disorders.

SmithKline Beecham Pharmaceuticals. Tel: 01707 325111.

### Rosemont Frusol

Rosemont Furasemide (frusemide) has been relaunched as Frusol sugar-free oral solution, available in 150ml potent packs and in three strengths: 20mg/5ml (£13.45), 40mg/5ml (£17.35) and 50mg/5ml (£18.75). The bottles have been packed using the new Rosemont diuretics group yellow livery.

Rosemont Pharmaceuticals Ltd. Tel: 0113 244 1999.

### Fortipine LA40 transfers

Fortipine LA40 (nifedipine) has been transferred from Nycomed to Goldshield Pharmaceuticals with distribution carried out by AAH Pharmaceuticals.

Goldshield Pharmaceuticals Ltd. Tel: 0181 649 8500.

### Bendogen withdrawn

Logop has ceased to make Bendagen (bethonidine) because of low prescription demand, and the product has been withdrawn from the market. Any outstanding pharmacy stock should be returned to Logop for credit.

Logop Pharmaceuticals Ltd. Tel: 01420 478301.

## Novonorm offers flexible approach to diabetes

Novonorm (repaglinide) is a new class of oral hypoglycaemic agent that allows patients with Type 2 diabetes to directly regulate postprandial glucose peaks.

Repaglinide, launched by Novo Nordisk, has been classified as a prandial glucose regulator. Its quick onset and short duration of action means it rapidly corrects mealtime insulin abnormalities, allowing the patient to take more control of their diabetes. This has a significant advantage over other existing oral agents, such as sulphonylureas, which reduce 24-hour glucose levels but have no significant effect on postprandial hyperglycaemia.

The drug works by targeting beta cells and inducing them to produce

insulin when there is a glucose load. This mechanism helps restore the normal physiological response to meals seen in healthy individuals.

Repaglinide is indicated for patients whose diabetes can no longer be controlled by diet, weight reduction and exercise alone. It can also be used in combination with metformin. A starting dose of 0.5mg (or 1mg if transferred from another oral hypoglycaemic agent) is given before main meals and is titrated to each patient over one to two weeks, until hypoglycaemic control is achieved. The maximum dose is 4mg with each main meal and 16mg over 24 hours.

Contra-indications include severe renal or hepatic impairment, pregnan-

cy and lactation and children under 12 years old. It should not be used with other products which affect CYP3A4.

Like other agents which induce insulin secretion, repaglinide is capable of producing hypoglycaemia and care should be taken in concomitant use with metformin or in conditions which result in loss of hypoglycaemic control. Repaglinide is well tolerated and adverse events tend to be transient and mild or moderate and comparable to placebo or sulphonylurea.

Novonorm comes in three strength tablets: 0.5mg (30, basic NHS price £5.86; 90, £17.57) 1mg (30, £6.33; 90, £18.98) and 2mg (90, £20.10).

Novo Nordisk Pharmaceuticals Ltd. Tel: 01293 613555.

## Aldara cream for external anogenital warts

3M has launched Aldara cream, a new treatment for external genital and perianal warts, which works by modifying the patient's immune system.

Aldara cream contains imiquimod 5 per cent. Animal studies have shown the drug to exert antiviral and antitumour activity by binding to and inducing alpha interferon and other cytokines.

In clinical trials, half of patients treated with imiquimod had their warts completely eradicated. Of the remainder, 81 per cent of them saw the wart area reduced by half. Women responded better than men.

Aldara comes in single-use sachets of about 250mg cream, sufficient to cover a surface area of 20cm sq. The cream should be applied thinly and rubbed in completely three times a week before going to bed to allow it to remain on the skin for six to ten hours. After this time, the treated area should be washed with mild soap and water.

Treatment should continue until visible warts have cleared or for a maximum of 16 weeks per episode of wart.

Local skin reactions such as erythema and flaking are common and may occur in up to 70 per cent of patients.

If more severe reactions occur, the cream should be washed off and re-applied at a later date when the reaction has subsided. The cream should also be washed off before sexual activity. Note that the cream may weaken condoms and diaphragms. Caution should be exercised when using Aldara in uncircumcised men with foreskin associated warts, as strictures have been reported.

Aldara comes in a box of 12 sachets carrying a basic NHS price of £57.78. 3M Health Care Ltd. Tel: 01509 611611.

## Depression in men different from women's depression

Depression in men is often overlooked because they do not present with the classic symptoms which women suffer. Whereas women experience depressed mood, loss of interest and reduced energy - all defined as classic symptoms by the World Health Organisation - men tend to immerse themselves in work, alcohol and even compulsive exercise. As a result depression is rarely picked up by doctors or friends and family.

This problem is compounded by

the fact that depression is on the increase, with the UK having one of the highest incidences of male depression in Europe.

To highlight this problem, the Royal College of Psychiatrists has produced a new patient leaflet entitled 'Men Behaving Sadly', which explains how male depression expresses itself and tips on how men can be helped.

Launching the leaflet, Dr David Baldwin, consultant psychiatrist and lecturer at the University of

Southampton, proposed the use of a different checklist of symptoms for diagnosing male depression, the main indicators being fatigue, anxiety, irritability and feelings of dissatisfaction. Other symptoms to look out for include poor impulse control (eg loss of temper) indecisiveness, lower stress tolerance, aggressive behaviour, disturbed sleep and workaholism.

Copies of the leaflet can be obtained from Mary Ayres at the RCP on 0171 235 2351.



## Call for more funding in smoking cessation schemes

The National Pharmaceutical Association is seeking more government funding for smoking cessation schemes in community pharmacy.

The Department of Health's chief pharmacist, Bryan Hartley, had asked for the NPA's thoughts on the role of the community pharmacist in smoking cessation activity, in advance of the Department's Tobacco Control White Paper (due for release later this year). The NPA has responded saying that a shortage of time, space and money is preventing community pharmacists from fulfilling their potential as providers of smoking cessation services.

Investment in areas such as health promotion training for pharmacists and staff, pharmacy counselling areas and pharmacy window display campaigns would help. In addition, the presence of a recognised health promotion co-ordinator in each health authority, ring-fenced budgets for smoking cessation activity and the adoption at local level of the Health Education Authority's Guidelines for the Primary Care Team (part of its Smoking Education Campaign) would improve smoking cessation services. The Guidelines set out the kind of smoking cessation services local commissioners should purchase, they were developed with help from the NPA, and are due to be published soon.

The NPA has also advocated the introduction of pilot schemes in which community pharmacists could 'prescribe' nicotine replacement therapy for those on low incomes, and has offered to work with the Department to develop a number of community pharmacy-based healthy living centre pilots to provide smoking cessation support programmes.

**Health Action Zones and NHS Direct** NPA executives and senior officials at the NHS Executive have met twice over HAZs and NHS Direct. In its first meeting, the NPA called for community pharmacy to be more closely involved in discussions about their development at national level. A second meeting was held with Paul Jenkin, responsible for the implementation of NHS Direct. Mr Jenkin has indicated that, once the scheme is introduced nationally, a pharmacist could be appointed as a full-time team member to answer pharmaceutical enquiries.

**National Service Frameworks** The NPA has written to the chairmen of the groups responsible for establishing national service frameworks for the treatment of coronary heart disease and mental health, requesting that a community pharmacy representative be included on each group. The chairman of the CHD group has already responded requesting a meeting with the NPA.

**RPSGB Special Interest Groups** The NPA Board has reservations about merging the Hospital Pharmacy Group and the Community Pharmacy Group into one. Board members felt that this new group would be representing virtually the whole of the profession and could not therefore be accurately labelled as a 'special interest group'.

**Animal Medicines Code** The Association had written to the Veterinary Medicines Directorate stating that the original references to the community pharmacist's role had to be reinstated in the final draft of the code of practice from the Veterinary Medicines Directorate on the responsible use of animal medicines on farms. Originally approved by the NPA Board in June, the code had subsequently been amended following representation from the British Veterinary Association. In the revised draft, the role of the community pharmacy as a source of supply of, and advice about, veterinary medicines had been minimised.

**NVQ 3 Pharmacy Services** There will be a second annual intake of students to the NPA Dispensing Technicians NVQ Course in April, to run opposite the courses commencing in September.

**Pre-registration survey** The NPA/Moss survey into community pharmacist perceptions of pre-registration training has been completed. It found the main motivation for undertaking the role of a pre-reg tutor as being to add interest and variety to the pharmacist's work, to keep pharmacists up to date and to gain extra workforce.

**Branch secretaries** Two new NPA branch secretaries have been appointed. They are Mike Galloway (Coventry and Warwickshire) and Trush Patel (Brighton and Hove).

**With less than 80 shopping days left to Christmas, the NPA has unveiled its Christmas cards and 1999 Calendar. The Calendar features archive Ministry of Health posters from the past 50 years and includes a Bateman cartoon. For every pack of cards sold, the NPA will contribute £1 to the Royal Pharmaceutical Society's benevolent fund. Prices and further details are available from NPA Business Services on 01727 858687.**

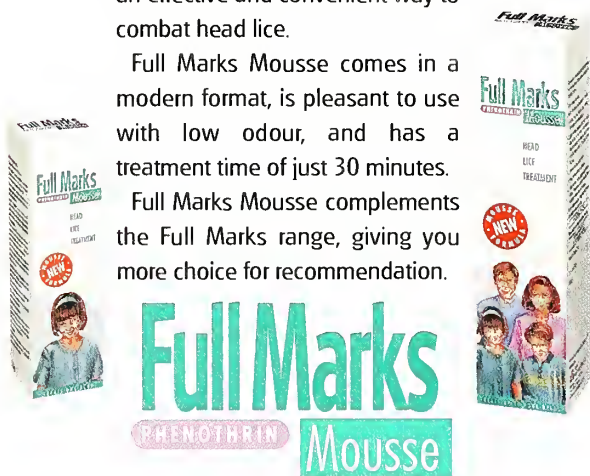


## JUST WHEN THEY THOUGHT IT COULDN'T GET WORSE

Along comes Full Marks Mousse, an effective and convenient way to combat head lice.

Full Marks Mousse comes in a modern format, is pleasant to use with low odour, and has a treatment time of just 30 minutes.

Full Marks Mousse complements the Full Marks range, giving you more choice for recommendation.



**WHEN PYRETHROIDS ARE THE TREATMENT OF CHOICE, LOOK NO FURTHER THAN THE FULL MARKS RANGE.**

**Full Marks Mousse Prescribing Information.** Indications: For the treatment of head lice infestation. **Active Ingredient:** Phenothrin 0.5% w/w. **Dosage and Administration:** Shake well turning it downward to dispense mousse. Apply sufficient mousse to dry hair until all the hair and scalp are thoroughly moistened. Allow the hair to dry naturally and leave for 30 minutes. Shampoo the hair as normal. Rinse and comb whilst wet to remove dead head lice and eggs. **Contraindications, Warnings, etc:** Not to be used on infants under six months of age unless under medical advice. Avoid contact with the eyes. This treatment may affect permed, bleached or coloured hair. Keep out of the reach of children. Full Marks Mousse contains alcohol which may exacerbate asthma and eczema. Full Marks Mousse is flammable, so apply with care and do not use artificial heat eg. electric hair dryers. If inadvertently swallowed a doctor should be contacted at once. If used by a healthcare professional to treat a large number of patients, protective plastic or rubber gloves should be worn. Continued prolonged treatment with this product should be avoided. It should not be used more than once a week and for not more than three consecutive weeks. Very rarely skin irritation has been reported. Do not use this product if you are sensitive to Pyrethroids. **Legal Category: P. Price:** 50g £3.99 150g £8.99. **Product Licence Number:** PL11314/0102. **Product Licence Holder:** Seton Products Limited, Oldham OL1 3HS. Full Marks is a Trade Mark of Seton. **Date of Preparation:** July 1998.

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Some recent improvements in contact lens care have made life even easier for wearers to look after their lens

# Simpler solutions

**M**anufacturers are constantly striving to make care regimes easier so that contact lens wearers are more likely to comply.

The trend towards multipurpose solutions has meant a rationalisation of lens care products over recent years. But the basic stages remain the same – cleaning, disinfection and storage – even though they can now all be done using the same solution.

## Cleaning

Lenses must be cleaned daily after wear before they are left to disinfect overnight. A surfactant is used to remove tear deposits, bacteria and other contaminants such as cosmetics.

Non-disposable soft lenses require an additional enzymatic cleaner, usually once a week, to remove tear proteins that bind to the lens surface.

These lenses can show protein deposits after as little as one minute's wear. Optometrists sometimes recommend occasional use of enzyme cleaners for rigid gas permeable lenses.

Rubbing the lens with solution is an important part of the cleaning process and a 20-second rub can remove 80 per cent of the bacteria.

Bausch & Lomb's Boston Advance cleaning solution and Alcon's Opti-free daily cleaner contain polymeric beads to enhance friction and remove stubborn protein deposits from rigid gas permeable lenses. In most cases, they eliminate the need for protein-removing tablets.

Improvements in protein-removing regimes include shorter soaking times for using enzymatic cleaners. Bausch & Lomb's Fizziclean, for example, takes only 15 minutes.

Alcon Laboratories' Opti-free Express multipurpose solution contains an ionic citrate cleaner which removes protein deposits while the lenses are soaking. Negatively charged citrate molecules are believed to interact with the positively-charged lysozyme protein, which is deposited from the tears onto the lenses, making the protein more soluble in the solution.

Bausch & Lomb's Renu Multi-plus all-purpose solution includes Hydrenate, a sequestering agent that inhibits protein build up and eliminates the need for enzymatic cleaning.

Another new development is a liquid daily protein remover, Alcon's Supraclean, which is added to the disinfecting solution.

## Disinfection

The aim of disinfection is to reduce the number of micro-organisms on the lens to a level at which they are unlikely to be harmful. Heat disinfection was once widely used for soft lenses but is inconvenient and shortens the lens life.

It has been replaced by chemical disinfection, in which the lenses are stored for at least four hours or overnight, and by hydrogen peroxide systems.

Chemical disinfectants include polidronium chloride (Polyquad), polyhexanide (polyhexamethylene biguanide, PHMB), myristamidopropyl dimethylamine (MAPD) and chlorhexidine.

Benzalkonium chloride is used to disinfect rigid gas permeable lenses. They also act as preservatives so lenses can be stored in the solutions after disinfection, although it is recommended that if lenses are stored for long periods the solution should be replaced after seven days.

Hydrogen peroxide systems provide rapid disinfection of soft lenses but require additional neutralisation or dilution steps before the lens can be re-inserted. One-step products have made the process easier and remove the risk of un-neutralised peroxide getting into the eye. An unpreserved neutralised peroxide solution loses its anti-microbial protection so it cannot be used for storage other than for short periods; surviving micro-organisms may grow and recontaminate the lens.

## The risks

Contact lens wear is the most common cause of keratitis (inflammation of the cornea) in developed countries. The symptoms are pain, photophobia, blurred vision, redness and discharge. The risk is highest with extended wear soft lenses and lowest with rigid gas permeable.

Infection caused by poor lens hygiene and contamination of the lens case is a major cause, so as well as cleaning the lenses it is important to clean the case daily and not re-use storage solutions.

Another cause for concern is acanthamoeba. Moorfields Eye Hospital sees about 40-50 cases of acanthamoeba keratitis a year, which can lead to blindness. Acanthamoeba



is an amoeba found in tap water, so if lens cases are cleaned under the tap they should be rinsed before use with a disinfecting solution. However, acanthamoeba can form spores which are notoriously resistant to disinfection.

There is a particular danger with daily disposable lenses that, because they are so expensive, users will be tempted to re-insert them and may even wear them for several days, storing them overnight in water.

Alcon Laboratories has developed a multipurpose system – Opti-free Express – that is active against acanthamoeba spores as well as against a wide spectrum of gram-positive and gram-negative bacteria, yeasts and moulds. The disinfectants MAPD and Polyquad act synergistically in a buffer system, combining a high disinfecting power with lack of toxicity.

Opti-free Express meets the new stand-alone disinfection criteria being adopted by the US FDA. This means that it effectively disinfects the lenses even without the rub and rinse stage, which is how these products are often used in practice. Other multipurpose solutions have a 'regimen licence' in which the antimicrobial activity is tested after the lenses have been rubbed for 20 seconds with the solution.

Opti-free Express therefore offers a new level of safety without compromising comfort, says Alcon. It combines the efficacy of a conventional peroxide with the convenience of a single multipurpose bottle.



**Opti-free Express** – broad spectrum activity, including action against acanthamoeba

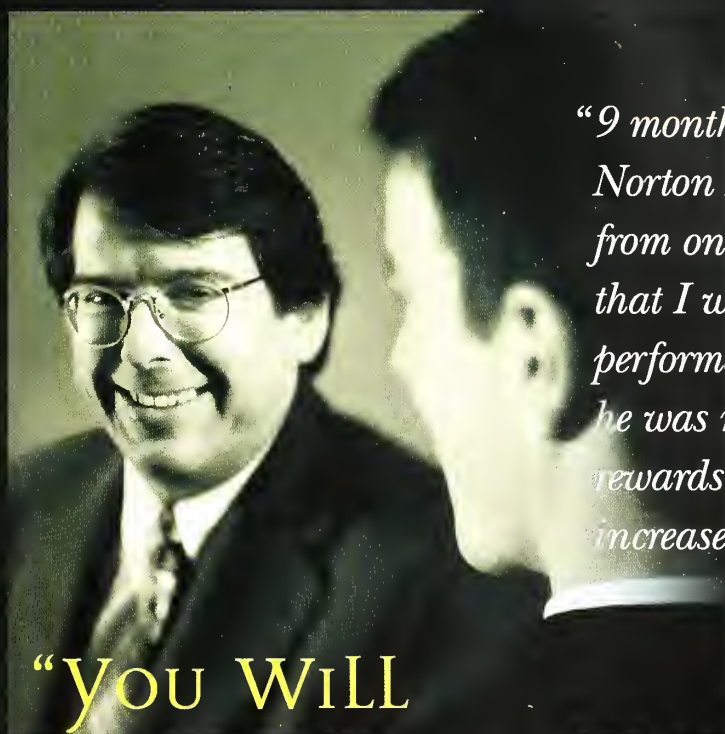


**Renu Multiplus** – removes protein daily



Paul Kelly, Superintendent Pharmacist, Seaton Valley Co-operative Society, Tyne & Wear comments on

*the UK's **N°1 Loyalty Scheme** for pharmacists*



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Meltus is a Trade Mark of Seton Scholl.

**ADULT MELTUS EXPECTORANT FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION.** Presentation: Oral liquid. Each 5ml contains 100mg Guafenesin BP, 2.5mg Cetylpyridinium Chloride BP, 1.75g 0.5g Purified Honey BP. Indications: For the symptomatic relief of coughs and catarrh associated with influenza, colds and mild throat infections. Dosage and Administration: Adults and Children aged 12 years and over, one spoonful to be taken and swallowed slowly every three or four hours. Not recommended for children under 12 years. Contraindications, Warnings, etc: Contraindications: None known. Warnings: Not suitable for children years. Very large doses can cause nausea and vomiting. Gastro-intestinal discomfort and mild drowsiness have been reported. Use in pregnancy and lactation: No known contraindications. Side effects: None known. Legal: GSL Packs: 100ml and 200ml. Price: 100ml £2.51 excl VAT, 200ml £3.73 excl VAT. P.L. Number: 0338/5026R. P.L. Holder: Cupal Limited, King Street, Blackburn BB2 2DX. Date of Preparation: July 1998. Further information available on request from Seton Scholl Healthcare plc, Tubiton House, Oldham OL1 3HS.





# Just what is the secret behind the phenomenal growth of Meltus?

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Thanks to your recommendation and TV advertising, Meltus is the fastest growing major cough brand in pharmacy (+36% YOY)<sup>1</sup>, in a market that only grew by 8%. It was also the Number Two brand in pharmacy last winter<sup>2</sup>.

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Meltus is the only major range of cough medicines with a product for all types of cough, and every member of the family including babies from 3 months.

With an eye-catching National TV campaign running throughout December, featuring an exciting ALL-NEW commercial, plus our superb deck sales, Meltus are bound to be blooming marvellous - and that's no fairy tale!



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MELTUS SUGAR & COLOUR FREE EXPECTORANT FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION. Presentation: Oral Liquid. Each 5ml contains 50mg Guafenesin BP, 2.5mg Cetylpyridinium Chloride. Indications: For the symptomatic relief of coughs and catarrh associated with influenza, cold and mild throat infections. Dosage and Administration: To be taken three or four times daily. Children over 6 years: Two 5ml spoonfuls 1-6 years: one 5ml spoonful. Children under 1 year: On medical advice only. Contraindications, Warnings, etc: Contraindications: None known. Warnings: Children under one year on medical advice only. Very large doses may cause nausea and vomiting. Gastro-intestinal discomfort and mild drowsiness have been reported. This formulation is not suitable for adults. Side effects: None known. Legal Category: GSL. Packs: 100ml. Price: £2.26 excl VAT. Ref: 0338/0086. P.L. Holder: Cupal Limited, King Street, Blackburn BB2 2DX. Date of Preparation: July 1998. Further information is available on request from Selon Scholl Healthcare plc, Tubiton House, Oldham OL1 3HS. 1 Independent Audit MAT December 1997. 2 Countpoint Q4 1997 and Q1 1998 aggregated. 3 Independent Audit MAT December 1993 - December 1997.



The growing popularity of daily disposables is unlikely to decimate the contact lens care market

# Trend to one a day

**I**n theory, there could come a time when no-one buys contact lens solutions any more. During the past year there has been a small shift towards disposable lenses that are worn for a day then thrown away. No cleaning or soaking is needed.

But pharmacists can rest assured that for the near future these lenses, at £1 a day, will be far too expensive for most consumers, although contact lens wearers are increasingly turning to disposables that are worn for a week or a month. These, however, still need scrupulous cleaning and there has been a major trend towards all-in-one solutions because they are simple and convenient to use.

Today there are 3 million contact lens wearers in the UK, about 6 per cent of the population. In the US, about 13 per cent of people wear contact lenses, so there is considerable potential for growth.

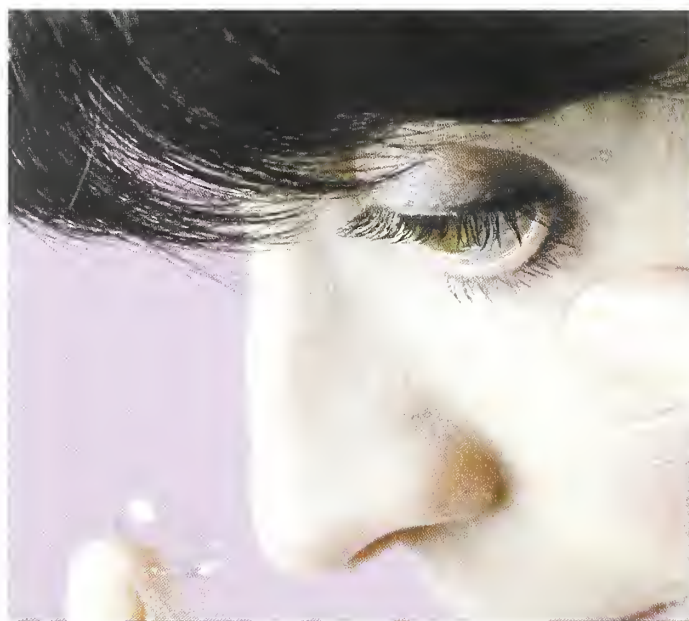
The bias has always been towards women but more and more men are now wearing lenses, often for sport. The core market remains 18-40-year-old working professionals who choose contact lenses for convenience, appearance and comfort.

Three-quarters wear soft lenses, although rigid gas-permeables are still the safest in terms of ease of maintenance, risk of infection and allergies to cleaning solutions. They offer excellent vision and straightforward correction of astigmatism.

Soft lenses are more comfortable to wear from the start and offer long wearing times, but care is more difficult. Lens disinfection is essential and surface deposits are more likely to build up. The lenses are also easier to damage and have a shorter life span.

Monthly disposable soft lenses have the advantage that they are rarely worn long enough for deposits to become a major problem so, although they need cleaning and disinfecting if worn more than once, there are cost savings on products such as enzyme cleaners. The risk of allergies and infections is reduced. If the lenses get lost, replacements are instantly available at a lower cost than for other types of lenses.

But they are unsuitable for people who have astigmatism or who need



bifocals, which is another reason why they are unlikely to take over the market completely.

## Market facts

The UK contact lens care market is currently worth £125 million and is growing at about 3 per cent.

According to Allergan, pharmacies account for just under a third of sales made up of:

- soft lens disinfection (hydrogen peroxides and all-in-one solutions) - 54 per cent
- hard gas permeable disinfection - 16 per cent
- salines - 10 per cent
- protein removal - 8 per cent.

All-in-one solutions form the fastest growing sector, largely led by consumer demand for products that are easy to use.

In pharmacy, Allergan leads with a 53 per cent share, over 2 per cent up on last year. Complete Comfort Plus leads the pharmacy all-in-one sector with nearly 63 per cent - up by 21 per cent in the past year.

Ciba Vision marketing manager Andrew Smith confirms that the market for lens solutions is healthy, despite the move towards daily lenses. Peroxides are still the largest sector although multipurpose systems are up 20 per cent, leading to a slight decline in salines and protein removers.

Pharmacies are holding their ground although there is a slight fall in sales through independents.

Opticians take the major share at 60 per cent and supermarkets have a tenth.

Although supermarkets are expected to make further inroads, this is "nothing for pharmacists to panic about", he says. There has been some price-cutting but it is nowhere near as much as for toiletries and other lines that supermarkets have taken over.

Andrew Smith believes that brand loyalty is a major factor in choice of solutions. "Whereas a consumer might switch her haircare brand at point-of-sale because she sees another one on special offer, this is less likely to happen with lens solutions. A benefit for pharmacists is that 70-80 per cent of lens wearers will stay with the products recommended by their

optician, so if they like a pharmacy they will buy there."

This loyalty could also prevent major growth in own label, such as Tesco and Asda, although Boots' own brands could benefit from the fact that Boots has a chain of opticians to recommend them.

In promoting its brands, Ciba Vision will concentrate on optometrists for this reason, although consumer advertising is planned.

Alcon's Cass Khan believes that, while supermarkets have the benefit of convenience and possibly lower prices, pharmacies have the edge when it comes to giving advice.

"The average contact lens wearer has limited knowledge of solutions and is unlikely to get any help at the supermarket check-out. Pharmacies should capitalise on this advantage."

## Meeting needs

Allergan says that contact lens wearers will continue to look for extra convenience in all aspects of lens wear. Pharmacies can meet these needs by ensuring:

- the latest products for each lens type are available
- the display is presented in a clear, logical way
- brand leading lines are given prime position
- products are positioned at eye level
- larger packs are placed to the right hand side to increase the likelihood of selection.

Andrew Smith recommends that pharmacists stock the top brands and do not bother with double facings - one of each is enough.



Allergan's preservative free comfort drops are compatible with all lens types, including daily disposables



Regaine Extra Strength  
contains minoxidil)

Indication: Topical solution,  
containing minoxidil 50mg/ml.  
Indication: Treatment of alopecia  
androgenetica in men.

Dose and administration:  
Regaine Extra Strength should be  
applied to the total  
thinning area of the scalp  
twice daily. The total daily  
dose should not exceed 2ml.  
The method of application  
is according to the  
instructions on the stable applicator used.  
In all cases the hair and  
scalp should be thoroughly  
dried prior to treatment and  
the solution allowed to dry  
before the use of a hair  
brush. Twice daily application  
for two months may be  
required before evidence of  
hair regrowth stimulation can  
be expected. Continued use  
is necessary for continued  
hair regrowth. Patients should  
continue treatment if there  
is no improvement after one

Contra-indications: This  
product is contraindicated in:  
Men, those with a history  
of sensitivity to minoxidil,  
alcohol or propylene glycol,  
those with treated or untreated  
hypertension, users with any  
cardiovascular abnormalities (including  
myocardial infarction or angina), those  
with a shaved scalp and  
those with occlusive dressings  
over the topical medicinal  
preparations.

Special Warnings &  
Precautions: For external  
use only. Flammable. Do not  
apply to the areas of the  
face other than the scalp.  
Regaine Extra Strength contains an alcohol  
which will cause burning  
irritation to the eye.  
The safety and effectiveness of  
Regaine Extra Strength in patients under 18  
or over 65 has not been  
established. Misuse or use  
on damaged skin may lead to  
increased absorption of  
minoxidil and theoretically,  
increase the risk of systemic  
effects. Potential side effects  
include: irritation and itching  
of the skin, dry skin or flaky  
skin, unwanted growth of  
facial hair and increased  
shedding upon initial  
use of Regaine.

Category: [P]

Package quantities: One or  
two bottles of 60ml with  
the following disposable  
applicators: pump spray,  
dipped tip or rub-on.

Product Licence number:  
32/0183

Holder of Product Licence:  
Pharmacia and Upjohn Limited,  
Avenue, Milton Keynes,  
MK14 6PH, UK.

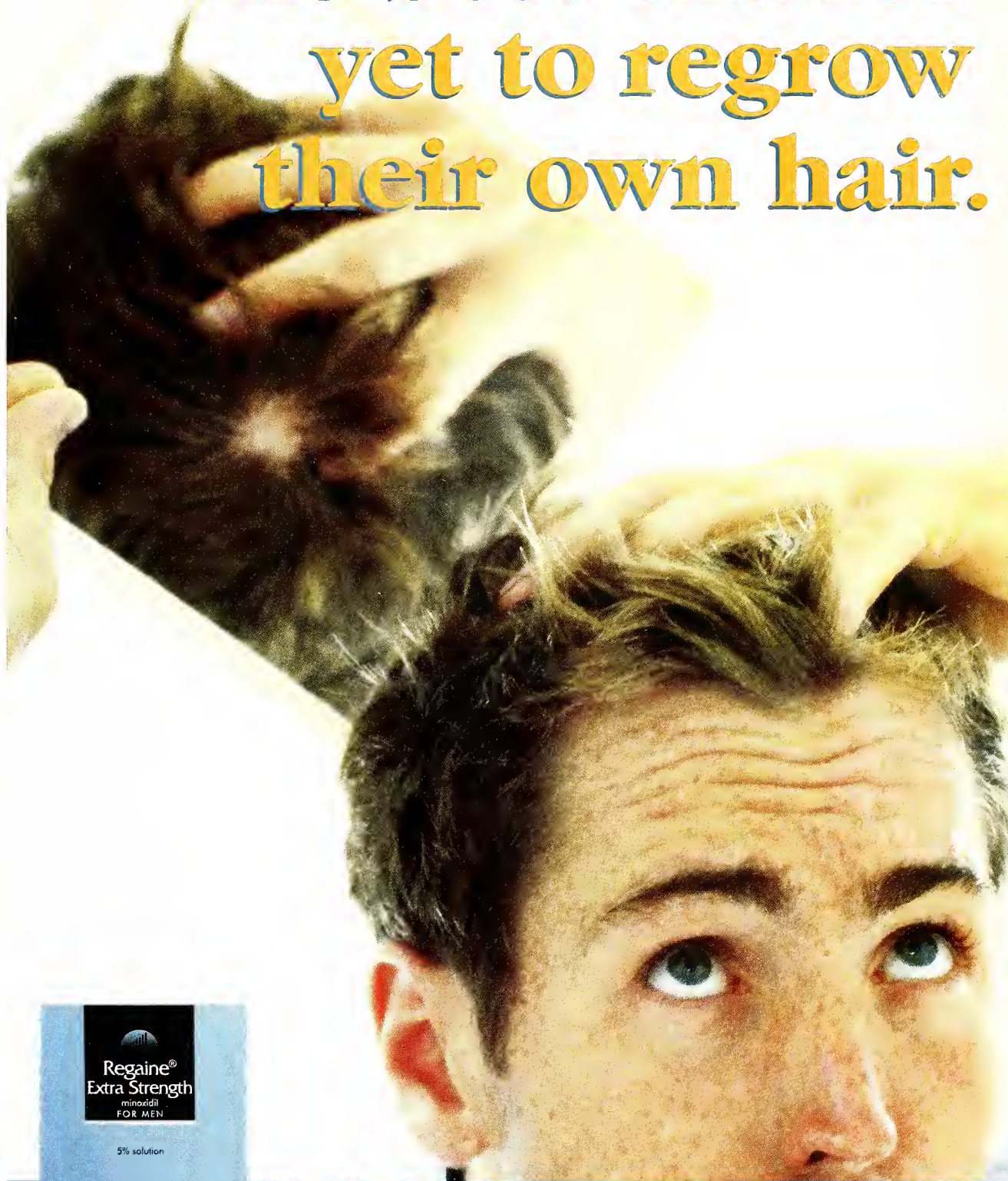
Date of Preparation:  
1st 1998

Price Information:  
The Pack: £29.95 retail price  
(49 excl. VAT)  
The Pack: £59.95 retail price  
(92 excl. VAT)

Additional information is  
available on request from the  
product licence holder.

Pharmacia  
& Upjohn

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**New**  
**Regaine®**  
**Extra Strength**  
contains minoxidil

Seven million men experience hair  
loss, but the majority believe little  
can be done to help.

Medical trials have shown new  
Regaine® Extra Strength can achieve  
over 40% more hair regrowth than  
Regular Strength, with real visible

results in as little as two months.\*

Regaine® Extra Strength is being  
launched with a £1 million national  
multi-media campaign, so make sure  
you don't miss this exclusive chance  
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## New variants encourage growth



The eyecare market is growing at 10 per cent year on year, largely as a result of the introduction of new, unlicensed variants such as Optrex Fresh Eyes and Vital Eyes.

Crookes Healthcare, whose Optrex brand has a 70 per cent share, expects sales to carry on increasing as new lines are added. The market, excluding contact lens solutions, is worth £27 million.

Customers are becoming more aware of eyecare products generally and are more confident when it comes to self-selecting. But a fifth of users still seek pharmacy advice, so the pharmacist remains a key figure, says Crookes.

The company suggests merchandising eyecare products alongside contact lens solutions as well as on the wall behind the medicines counter. Unlicensed products could be placed beside beauty products and cosmetics.

Promotional support for Optrex next year will include PoS and merchandising.

Ciba Vision will continue with its educational campaign for Vital Eyes, using consumer magazine advertising, sampling and eyecare literature such as the 'Bright eyed and beautiful' booklet. The company claims that Vital Eyes is the fastest growing brand with a 10 per cent share, and expects a further boost from the introduction of Vital Eyes eye wash 150ml and moisturiser.

Chauvin Pharmaceuticals has introduced a smaller OTC pack of Gel Tears (5g, £2.89). Presented in a counter top outer of 12, it is promoted by giant packs, showcards and an educational booklet for pharmacy assistants.

Gels provide a contact time of up to seven times longer than other commonly used artificial tears, the company says.

# Be bolder with specs

The way forward for pharmacists in reading glasses may be to give a bolder presentation and to try more up-market models

**W**hen readymade readers became legal in 1989, there were about 21 million people of presbyopic age. By the year 2001 this number should have reached 27 million.

Reading glasses have proved their worth to pharmacies and to customers, and have become a standard OTC line, says Direct Perception's Peter Philips.

"Even regular visitors to the optician are likely to buy a back-up pair or something with extra magnification for special tasks," he says.

"Supermarkets are now muscling in on this product like with so many others. Some larger suppliers are courting supermarkets and no longer bothering with pharmacies."

The way forward for pharmacies is to give a bolder presentation and a more integrated service, he suggests. Direct Perception is about to produce three new display stands - a "striking" counter carousel, a floor carousel and a metre-wide shelf unit for those who want a sleeker layout.

Another way forward is for pharmacies to try the better models: "Our cheapest line, retailing at £2.98, is not the best-seller. Our range at £9.98 sells three times more than some of the plastic frames at £5.98. Many customers are suspicious of the cheapest or would prefer something that looks smarter or has a more robust design.

"A lot of pharmacies started out with a basic economy range and have not moved on, even though they should have realised by now that this product is no longer a gamble. It is often inertia or lack of time that hinders the retailer from making more profitable sales, which is a pity."

Direct Perception guarantees to change new models for other stock if they do sell in a particular area. It also offers spectacle care accessories which are in matching livery and will be accommodated on the display stands.

"This will help sales and reduce clutter," he says.

Next spring sees the launch of a sunglasses range, so stockists could have readymade readers, sunglasses, accessories and prescription



spectacles all as a "tidy and integrated presentation". The company claims to be the only independent supplier offering this full range.

From this year, manufacturers have had to show the statutory CE marking indicating that products satisfy European quality standards. Mr Philips maintains that trading standards officers are already finding sunglasses, particularly cheaper ones, that do not come near these standards despite being CE marked.

"My real concern is that some suppliers of cheap reading glasses might also adopt this approach," he says. "If the supplier cannot give you a registration number to check with the Medical Devices Agency, then be suspicious."

## Prescription service

Interest at this year's Chemex exhibition in Direct Perception's prescription spectacle service was far more serious than last year "when it was treated more as a curio", he says.

"It will take a few more pharmacists trying it out and converting their colleagues before this service becomes a commonplace item in the pharmacy, but this will certainly happen." (See also *C&D* August 22, p23).

"We are very keen to meet with pharmacists interested in the prescription service, either multiples or local groups of independents, so that we can do group training."



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# Sore, dry eyes sufferers are crying out for GelTears

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**C**ommunity pharmacists can use techniques that enhance stock control and ordering to improve their businesses. However, two indicators they often overlook are energy efficiency and waste minimisation.

Take a step back to consider what sources of energy are used in your outlet and what each is used for. A typical community-based pharmacy will generally use electricity for lighting, heating and, perhaps, air conditioning, but this may not always be the case. And what about the waste your pharmacy generates every day? Very few people regard their waste as a resource, but if you view it as 'money down the drain', it is relatively easy to identify where savings can be made.

Taken together, these are major areas for cutting costs. Let's start by answering a few simple questions.

### **How effective is your heating?**

Generally, retail areas are warm and welcoming places, which tend to be extremely expensive in terms of heat consumption. Again, a few sensible steps should minimise the energy used, while keeping the ambience of the pharmacy constant. First, it is worth checking your thermostat settings: is the heat timed to come on at certain times of the day, or is it switched on and left until closing?

Lowering your heating at busy times is often not noticed, as the heat generated by the mass of customers will make up any shortfall. In addition, by placing display units perpendicular to your outlet's entrance and exit points, you can avoid draughts and help to conserve heat within the pharmacy.

### **What do you throw away each day?**

Given the levels of stock control in a community pharmacy, your dustbin will probably contain bits of plastic, paper and cardboard but there probably won't be that much of each material.

However, you'll find that a vast number of your customers will dispose of cartons and bottles issued by you without ever pausing to think of the potential for their re-use. By focusing first on those who regularly attend your pharmacy and trying to encourage them to return used containers, you can start a waste minimisation network. Most drug companies and wholesalers will facilitate this by accepting used containers for recycling. With educational materials to support your

In this cost-cutting age, have you ever thought of looking at two basic areas: waste and energy?

**Tom Conniffe** examines your options

# **Waste not, want not**



### **How clean are your lights and windows?**

With lighting, the core theme of energy conservation is to use as much natural light as possible. Clean lamps and fittings will help ensure that your artificial lighting is working efficiently. However, by re-positioning any work stations to make the most of available daylight, you can keep artificial lighting to a minimum. Can your dispensing area and/or your sales tills be moved to an area of natural lighting with ease? If not, are there any other areas of your pharmacy which require lighting (such as private counselling areas) that could be moved to occupy this space?

### **How effective is your insulation?**

Behind the crisp façade of community pharmacies, there exists a veritable Aladdin's Cave of wiring and ductwork which, if checked and insulated properly, should keep in a lot of heat.

What about your front door - a major source of heat loss? A simple spring lock will ensure that your door shuts every time someone enters or leaves, and gives the additional bonus of helping you comply with fire safety regulations. Additionally, dampers attached to the side and bottom of your entrance and exit doors will prevent heat from escaping through your doors and windows.

### **Are other staff aware of the relevant issues?**

When you have considered these questions, your staff will need training to make sure that any changes in work practices are translated directly into savings, both in terms of energy and finance. It only takes one person leaving a window open in cold weather to eliminate any benefits gained from using less energy.

Even the most progressive pharmacy will be able to save costs by looking at these areas. Many are steps that can also be applied in the home. It all goes to prove the old adage: waste not, want not.  
*Tom Conniffe is MEL Research's business development manager.*

initiative available from the Environmental Technology Best Practice Programme (tel: 01235 436747) or the Institute of Waste Management (tel: 01604 620426), this recycling should be fairly easy to implement.

### **Are in-store lights positioned correctly?**

Community pharmacies, like other retail outlets, use lighting not only to illuminate the shop, but also to highlight products. It is worth checking the position of your in-house lighting to ensure that it does what it is supposed to do. Poorly-positioned lighting will illuminate the wrong areas and thus lead to a waste of electricity; is there any potential for saving by cutting down on your lighting?

### **Are lighting levels appropriate for each function?**

Retail outlets with no natural-light facing windows will often over-compensate for this by using fluorescent lighting to create the impression of open space. In addition, product highlighters use the same lighting technology, which can be wasteful, considering their tasks.

It is worth checking, during the day, whether lighting levels are affected by using lower-wattage or energy-saving bulbs; this will tell you how appropriate your overall lighting is for the task.

It is also worth asking your sales representatives whether they can provide energy-saving lighting for their displays.









# UniChem



## Society looking at division of labour

If pharmaceutical care is to become a reality within the new NHS, a sensible division of labour and responsibilities within pharmacy is needed. The Royal Pharmaceutical Society will be announcing the outcome of its document on 'skill mix' in the near future, Hemant Patel told the convention.

The proposals are designed to lead to more efficient use of pharmacists and their staff. "I believe the proposed changes will raise our profile and help the profession secure its future role in the supply of medicines," said Mr Patel.

Although the Society can strive to motivate and support pharmacists, it is now up to individuals to "push forward and make a real difference at local level within primary care," he said.

"Pharmacy in a New Age' is ultimately about the value of extended pharmaceutical services being recognised within the NHS. But old attitudes die hard and there is still an enormous communications task ahead to enlighten health planners," he said.

"Does the Government really understand the value and cost benefits of pharmacists' contribution to drug management? Pharmacists are more likely to gain funding in these crucial areas if they can demonstrate viable and productive working partnerships with other health professionals.

# Adding to dispensing

Pharmacy Alliance, a UniChem initiative to enable pharmacists to deliver professional services beyond dispensing, was rolled out last week at the wholesaler's annual convention in Phoenix, Arizona

A scheme in which pharmaceutical manufacturers pay pharmacists to make interventions in specific therapeutic areas is being rolled out by UniChem after being launched to a core group of 100 members in June.

Pharmacy Alliance aims to develop bespoke programmes around disease states where there is known to be poor compliance to drug therapy. Two services have been introduced so far. One is in collaboration with Rhône-Poulenc Rorer and covers ischaemic heart disease; the other, with Glaxo Wellcome, targets sub-optimally treated asthma patients.

On average each member will receive £500 for delivering each service. In return they must provide patient medication record data which Pharmacy Alliance can sell to interested third parties, and agree to support various brand equalisations deals which the company negotiates.

"The initiative is the result of two years' planning and presents a unique opportunity for pharmacists to deliver a range of services beyond dispensing," according to Nick England, managing director of Pharmacy Alliance.

UniChem is resourcing the scheme. There is no joining fee. "We want committed people. This is an aspirational scheme," says Mr England. There is a contract which covers the legal issues regarding data protection. There are also obligations as regards brand equalisation, which were needed to ensure the co-operation of manufacturers.

At the moment, the scheme is only open to pharmacies that use the Mediphase system, for which the necessary data capture software has been developed. Even then, interventions are being recorded manually and later transferred to the computer. Mr England says he is talking to other computer suppliers.

Moss branches that meet Pharmacy Alliance's criteria are being enrolled. The criteria include a good relationship with GPs, an appropriate area to counsel patients and a commitment to training. An announcement is expected in a couple of weeks about who will be operating the data collection network.

In addition to the 100 members already recruited, Mr England says another 100 are at various stages in the recruitment process. "Our aim is to



Nick England

have 800 members within 18 months, establishing ourselves as the quality service provider within pharmacy," he says.

Further services in the pipeline are in the areas of Parkinson's disease, hormone replacement therapy, incontinence, depression, diabetic hypertension, hyperlipidaemia and osteoporosis. To ensure programmes are independent and eliminate any accusation of manufacturer bias, an expert committee is being set up to validate them.

Pharmacy Alliance is providing data packages to five third parties, and has brand equalisation deals with 16 manufacturers. Pharmacy Alliance guarantees compliance and its data capture system enables it to rebate the correct monies based on the individual pharmacy's branded/generic prescribing ratio.

The level of professional input required for each of the services will vary and be remunerated differently. However, a baseline of £10 per intervention has been set. "Our role is that of facilitator. We aim to provide a wide variety of programmes and take a step by step approach to enable all members to participate," he says.

Data is collected on a daily basis, and is encrypted and anonymised in line with legal and ethical guidelines so as not to identify patient or prescriber. Apart from providing an income stream, it will be a key component in measuring the effectiveness of pharmacists participating in programmes.

Mr England says pharmacy must demonstrate its worth by adding value

to its core dispensing role. It is well placed to deliver patient centred services linked to prescription dispensing. A further challenge is to develop new income streams which cannot be clawed back.

"Finally, the profession has produced its own vision of the future - 'Pharmacy in a New Age'. The concept and vision of PIANA are generally accepted, but it is just that - a concept. If the resource is not there, we face the prospect of PIANA going the same way as Nuffield or the Pharmaceutical care report - gathering dust on the shelves," he says.



Mike Smith, chairing his first UniChem Convention

## The IHD service

Community pharmacists are seeking to identify patients suffering from unacceptable angina symptoms using a simple question paper which focuses on the frequency, duration and extent to which angina interferes with daily living.

Before implementation the survey is discussed with local GPs to agree the referral criteria. Eligible patients are identified using a combination of PMRs and a discreet poster displayed in the pharmacy. Patients complete the questionnaire and all those who exceed the agreed criteria are referred to their GP. The questionnaires are anonymised and analysed, following which each pharmacy will receive a fee.



# More 'non-medical' prescribing predicted

The second part of the Crown Review, due later this year, is likely to recommend an extension of prescribing rights to non-medical health workers.

"I would anticipate we will see a lot more non-medical prescribing when the second report is published," Professor Claire Mackie, head of pharmacy at Robert Gordon University, Aberdeen, and a member of the review team, said last week. The review was set up to look at the prescribing, supply and administration of medicines.

She outlined two possible models:

- independent prescribing - where the prescriber is the primary point of contact with the patient

- dependent prescribing - where the prescriber is not the primary point of contact, but is dependent on another practitioner to filter the patient prior to the contact being made.

Independent prescribing is an area in which pharmacists have great experience when responding to symptoms. "However, it is possible that such prescribing may be extended to include a range of POMs within protocols or specialist prescribing not limited by protocols," said Prof Mackie.

Pharmacists respond to both minor illness and major disease - whatever the patient decides to present. "I am fed up with being told that we only deal with minor illness, because that is not always the case," she said.

"However, we advise on minor illness and refer the major."

Advice on minor illness has been extended recently to include chronic conditions that can be self-managed. This change has been driven by the reclassification of medicines from POM to P. Pharmacists can deliver their OTC role more effectively, and it may lead to other healthcare professionals referring patients to them.

"All of which poses the question: should we have patient registration and pharmacist prescribing within the NHS?" said Prof Mackie. "There is much talk about pharmacists having a gate-keeper role, which is nonsense as we are currently not allowed access to NHS services, therefore we have no keys ... Perhaps Mr Dobson should consider giving us the keys."

## Dependent prescribing

Prof Mackie saw two models of dependent prescribing emerging:

- initiation of therapy following medical diagnosis

- continuation or modification of the original prescription in response to monitoring of the patient.

"I anticipate that the majority of pharmacist prescribing will not be initiation of therapy but modification of it in the area of review/repeat prescribing," she said. Sixty-six per cent of scripts are repeats and they account



Professor Claire Mackie

for 80 per cent of all prescribing costs.

Repeat prescribing has benefits for both patients and practitioners. It minimises the impact of chronic disease on patients' lives; and it saves GPs' time. It also has risks, including poor disease control, or treatment may be continued beyond its therapeutic benefits.

Pharmacist prescribing is viewed by some within the profession as a threat, said Prof Mackie. "However, this is not the time to preserve the *status quo*. We cannot wait for change but must make it happen. The future is dependent on the unreasonable man. Go out there and be unreasonable men and women," she urged.



## Pregnant women as key customers

This is the third in a series of columns which discusses the management of customers' constipation enquiries. This week we cover constipation during pregnancy.

About one in five pregnant women suffers constipation. Early on in pregnancy the condition is due to hormonal changes and latterly, as the baby develops, due to pressure on the bowel. However uncomfortable the problem, safety concerns tend to make customers very wary of any medication.

You can confidently confirm that constipation in pregnancy is treatable through the natural, non-systemic, non-purgative action of *Fybogel*. *Fybogel* contains a natural fibre called ispaghula husk which is not absorbed in the intestine and mimics the action of food on the bowel, making stools softer and easier to pass.

Through identification of treatable common complaints during pregnancy (eg constipation) and knowing the relevant products to recommend, the pharmacist has a real opportunity to develop a strong and trusting relationship with these women.

This value-added service helps to keep them coming back into your store for all their pharmacy (and toiletry) needs during their pregnancy and afterwards, for themselves, for the baby and for the rest of their family.

The next column will outline the right questions to ask to assess customers' constipation enquiries.

**Abbreviated Essential information:**  
**Fybogel:** Active ingredients: Each sachet contains 3.5g ispaghula husk BP. It also contains aspartame.

**Indications:** Conditions requiring a high fibre regimen, e.g. relief of constipation, including constipation in pregnancy and the maintenance of regularity, for the management of bowel function in patients with colostomy, ileostomy, haemorrhoids, anal fissure, chronic diarrhoea associated with diverticular disease, irritable bowel syndrome and ulcerative colitis. **Supply classification:** Through registered pharmacies only.

**For further information:** Reckitt & Colman Products Limited, Dansom Lane, Hull, HU8 7DS

# Attitude is key to success of PAS model

Research carried out by the Pharmacy Practice Research Group at Queen's University of Belfast has shown that the PAS smoking cessation service

model developed by the National Pharmaceutical Association and Pharmacia & Upjohn works and is cost-effective.

But, despite being interested in the model, pharmacists have difficulty putting it into practice, with 66 per cent failing to enroll even one smoker after the training. This was a big disappointment, said Dr Terry Maguire, who owns two pharmacies in Belfast, and who helped pioneer the scheme.

Barriers to using the model were: difficulty in implementing it, lack of time, loss of profit and lack of confidence. Research, though, has shown that it produced a 14.7 per cent success rate after 12 months compared to 2.5 per cent in an *ad hoc* group.

A hundred pharmacists were recruited to provide the PAS service. They each recruited 12 smokers over a year, six of whom were enrolled on the PAS model and six given *ad hoc* advice.

A cost-effectiveness analysis indicates that the cost per life saved when using the PAS model even at a 10 per cent success rate is about £275. This is better than other disease prevention interventions such as screenings and treating hypertension, said Dr Maguire. The findings provide a powerful argument for the adoption of a PAS model in community pharmacy.

Including attitude training in the programme, given to pharmacists who intended to provide the PAS service, significantly increased their success rate in recruiting smokers. This has implications for all the new services pharmacists intend to implement, suggested Dr Maguire.

"Pharmacists have very entrenched attitudes, and although they say they aspire to a more patient-focused service they have difficulty in making this step in practice. More importantly, money may not be a motivating factor."



Dr Terry Maguire



## Managed care sends down US margins

The US prescription drug market is undergoing "mega change in micro time", and pharmacists are going into a similar "time event compression", according to consultant Bob Coopman.

- In 1987 prescription drug sales in the US were \$25.8 billion. In 1997 they had grown to \$71.7bn
- In 1990 52.4 per cent of the US population was over 55. By 2010 it will be 70.8 per cent
- The number of prescriptions purchased by 25-54-year-old Americans is 6.7 per year. Between 55 and 64 years it increases to 12.5, and for 65 and older it is upwards of 15

The figures (see box) suggest that business for all areas of pharmaceutical services should be growing, but this is not the case. The number of US pharmacy businesses between 1990 and 1997 declined by 7,480. The number of independent stores declined by 11,222 in the same period of time.

The reason is managed care. In 1987, 26 per cent of all non-government sponsored prescriptions were paid for by third party entities. State sponsored Medicaid programmes for low income people made up 10 per cent. Prescription margins were in the early stages of being forced down.

Today total private and government sponsored programmes make up nearly 80 per cent of prescription business. This shift has been driven by the growth of managed care organisations.

"By aggregating hundreds of thousands of lives into one contract and shopping the contract among retail pharmacy providers for the best reimbursement rates, managed care has taken pharmacy margins down from

the mid- to low 30s in 1987 to the low 20s today," said Mr Coopman. "Not only have thousands of independent pharmacies not survived, but chains have been consolidating."

Managed care has also had a dramatic effect on mail order prescription volume. In 1996 it grew 31.5 per cent. In 1997, 4.3 per cent of prescriptions paid for by managed care were filled by mail order, a number expected to rise to 9.7 per cent in 1999. However, because mail order is typically a 90 day supply, it will account for 22.4 per cent by value of the prescription market.

Later this year the first of what will be many central fill centres will come on line. They will use automated technology to fill repeat prescriptions at a

central site, which will then be delivered back to retail stores for customer pick up. Labour costs are reduced dramatically, and pharmacists have more time for patient care activities.

One might forecast the decline of the dispensing pharmacist were it not for the ascension of the patient care pharmacist. CVS, the US's largest drug chain with over 4,000 stores has a joint venture with Pfizer called Health Connections in which pharmacists and nurses manage patients with asthma, diabetes, hypertension, and congestive heart failure. In Mississippi, since last year pharmacists specially qualified in these disease states have been managing Medicaid patients and have been reimbursed for it by the state.



Service is anything that makes your customers' stress go away, and you will never 'own' your customers unless you understand what makes them stressed, marketing guru Donald Cooper (centre) preached. He is flanked by Annette D'Abreo and Edwin Bessant of Ceuta Healthcare, who sponsored the presentation

A selection of memorable quotes – from inside the conference room

### On the patient pack initiative:

"A typically British shambles ... it will cost more to deliver extra patient leaflets than it costs Brinks Mat to deliver bank notes."

Jeff Harris, chief executive, Alliance UniChem

"The Government has dropped a big one, and pharmacy is going to end up picking it up."

Wally Dove, chairman, PSNC

### During a talk on customer service:

"Bureaucracy is where energy is converted into solid waste."

Donald Cooper, marketing guru

### On pharmacy ownership in Europe:

"There will be a gradual change. The UK system will spread in Europe. It will be five or more years before multiple ownership comes in, and it will be as a result of increasing pressure on margins."

Jeff Harris

## Pharmacists and nurses should work more closely

Partnerships are the answer to many of the difficulties facing the health service. Nurses and pharmacists don't have much of a record for joint activity but they could work closely to benefit patients, according to Ros Meek, sponsorship and promotions director at the Royal College of Nursing.

The pharmaceutical industry also needs to recognise the "imperative of partnership". This means that education funded by industry needs to be on a multi-professional basis. "We need to be able to understand each other's knowledge and skills and meet to share in a more informal setting," she said.

The balance of power in the NHS has moved from secondary to primary care. The challenge is to make PCGs work in a short time. Pharmacists need to find a way to ensure their skills are easily accessible to this group.

"That is about demonstrating your contribution rather than worrying about not being included," she said. "I would expect that at the very least pharmacy will be taking the lead over prescribing protocols in the PCG."

What does a profession do when it perceives it has been relegated to the second division? she asked. The way forward may come from a reassessment of education and training, and strategy to initiate change both from within and without the profession.

### On pharmaceutical care:

"How many people realise that pharmaceutical care is a profound change in the practice of pharmacy? It is a cultural change not only for pharmacists but also for patients. Patients have certain expectations and pharmaceutical care is not part of those expectations." "Twenty per cent of US pharmacists can do it, 60 per cent know they need to do it, but are unsure whether they have the skills, and 20 per cent are praying for retirement."

Bruce Berger, Auburn University

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# Wake up to a new opportunity!

## Pharmaton Capsules for the relief of daily fatigue

Two-thirds of adults suffer from daily fatigue, yet 80 per cent do not seek treatment - creating a huge pharmacy business potential. Pharmaton Capsules are the **ONLY** Pharmacy-only product licensed for the relief of daily fatigue

### Sufferers of Daily Fatigue

How often do you hear customers complain of being "worn out", "run down" and "drained"? A recent study reported 60 per cent of adults questioned suffered from feelings of fatigue. The exciting news is that Pharmaton Capsules are available and clinically proven for the relief of daily fatigue and associated ailments such as exhaustion through stress and vitality deficiency.



### Pharmaton features at Pharmacy Live - October 25-26th, London

As part of BISM's commitment to promote pharmacists as the experts on daily fatigue, representatives at Pharmacy Live will be available at the stand to discuss this exciting new OTC category. Educational information on Pharmaton's role in relieving daily fatigue, together with lifestyle advice will be available as support material. A questionnaire aimed at identifying the incidence of daily fatigue among pharmacists will also be available at the stand. In return, all entrants who complete the questionnaire will be entered into a fantastic prize draw!

Daily fatigue and associated ailments are already widely recognised by the healthcare profession. A recent survey of community pharmacists showed that up to 93 per cent experienced regular customer complaints about daily fatigue. Pharmacists agreed that taking a daily supplement which is clinically proven, such as Pharmaton Capsules, could overcome the problem. It's not surprising therefore that daily fatigue is now the third largest OTC self-medication area - just behind the headache and cough remedy markets.

Feel confident that you can recommend Pharmaton for daily fatigue.

To find out more, visit the BISM stand, number 160, at Pharmacy Live.

References: 1 IRL August 1998

it can be successfully treated. BISM are encouraging pharmacists to play an active role in this educational campaign for help and lifestyle advice on daily fatigue.

### Pharmaton Capsules leads the way

As part of BISM's ongoing commitment to positioning pharmacy as the first port of call for advice and treatment in the fight against daily fatigue, a major campaign, equivalent to a £3 million national spend, has been invested in the re-launch of Pharmaton Capsules. Following the successful TV test campaign, the "peak time" TV commercial will be shown in the Carlton and Central TV regions from September to November. It is estimated that the new campaign will be seen by an astonishing 80 per cent of ABC1 adults in the UK.

Following the test campaign,

sales of Pharmaton Capsules have increased by over 93 per cent nationally, whilst in the test area, sales have increased sixfold.

### Pharmaton Capsules - clinical proof it works!

The UNIQUE mix of panax ginseng G115 extract, vitamins and minerals and trace elements distinguishes Pharmaton Capsules from other vitamin, mineral and ginseng products. Over 30 clinical trials PROVE that Pharmaton Capsules improve energy production, stress levels, muscle energy and work production - they act by levelling out energy levels throughout the day, without affecting sleep patterns. In fact, research shows that it is the unique ingredient of G115, containing ginsenosides, which helps increase the body's resistance to daily fatigue and stress.



### Growing a new OTC category for pharmacy

Pharmaton Capsules have all the vital ingredients to help YOU grow a NEW pharmacy OTC category.

Boehringer Ingelheim SM, are committed to raising consumer awareness of daily fatigue and how

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## AU to acquire Italian wholesaler

Alliance UniChem (AU) is buying Galenitalia, Gehe's Italian pharmaceutical wholesaling business, for about 36 billion lire (£12.9 million).

Galenitalia has a 1 per cent share of Italy's pharmaceutical wholesaling market. It earned operating profits of 2.77 billion lire for the year to December 1997, and has net assets of 3.13 billion lire.

The company becomes part of Alleanza Salute Italia, AU's Italian wholesaling arm, which is now the Rome region's biggest pharmaceutical wholesaler.

ASI has received clearance from Italy's regulatory authority for its acquisition of Unifarma Distribuzione, which has a 25 per cent share of Italy's pharmaceutical wholesaling market.

## Wilkinson Sword to slash 350 jobs

Wilkinson Sword will close down its razor blade plant in Cramlington New Town, Northumberland, during 2000 - about 350 employees will be made redundant.

The company said the 35-year-old plant had been working at only 50 per cent capacity for some years, and it was still making traditional double-edged razors, while the razor market had moved on to high tech blades.

Wilkinson's UK production will switch to its plant in Solingen, Germany, which is twice as big as the Cramlington site and is also working under capacity.

UK availability and distribution of Wilkinson's razors will remain unchanged and the UK headquarters will not be affected by the change.

## ICN acquires Roche products

ICN Pharmaceuticals has acquired worldwide rights (excluding India) to four of Roche's pharmaceutical products for \$179 million. This is ICN's third acquisition from Roche of a product grouping.

The newly-acquired products, Dalmadorm (flurazepam), Librax (clordiazepoxide and chlidinium bromide), Mogadon (nitrazepam) and Fluor-Uracil currently generate revenues of \$67m annually.

Both companies have agreed on one-half of the purchase price being paid in cash with the remaining amount to be paid in ICN stock, valued at a fixed price of \$31 per share.

# Boots and Superdrug in civil recovery pilot

Boots the Chemists and Superdrug are among 20 major retailers who have this week started a civil recovery pilot in the West Midlands.

Civil recovery is an anti-theft scheme, already established in the US and Canada, where retailers take civil action to recover costs and damages from shoplifters.

The scheme is said to be the UK's first major test of civil recovery and will run for six months in Wolverhampton, Dudley, Brierley Hill, Merry Hill, Wednesfield and Oldbury.

BTC has six stores involved in the pilot, while Superdrug has three. All the retailers, who have invested £60,000 in the scheme, will want to see how it can be part of their retail crime prevention strategy.

A random sample of 552 local shoppers, questioned in September, found that 85.8 per cent believe retailers should claim compensation from shoplifters, and 88 per cent support the creation of a civil recovery system.

A new company called Retail Loss Prevention (RLP) has been set up to run the pilot. RLP is led by Professor Joshua Bamfield, an expert in civil recovery.

Figures suggest stores need to take firmer action against shoplifters. Out of 1.22 million thieves caught by retailers in 1996/97, only 55,000 appeared in court and less than 4,000 received a jail sentence, according to the British Retail Consortium.

Retailers have been working on the pilot for one year and chose the West Midlands because it encompasses traditional town centres and shopping



**Professor Joshua Bamfield, director of Retail Loss Prevention**

centres. West Midlands police also support the scheme.

Civil recovery procedures are expected to be used against 2,000 thieves in the pilot area. Procedures have been agreed with thieves to ensure no retailers use civil recovery to divert thieves from the criminal justice system.

Every shoplifter caught in a civil recovery store will be given a 'Notice of intended civil legal action'. RLP will contact the thief two or three days later to recover the store's costs and damages - or instigate legal proceedings. Retailers expect to recover £60-£150 per shoplifting case.

Money recovered from thieves will fund crime prevention in the pilot areas - it will also go towards developing civil recovery nationally.

## C-stores are the future of retail

Neighbourhood pharmacies are gradually pulling out of retailing in favour of closer integration with community healthcare teams, says a report by Verdict, the retail consultant.

The report, issued last week, concludes there are too many independent pharmacies to be profitable, although it states that the multiples have "credible strategies to ensure a profitable future".

"Independent retailers have not been losing business because consumers do not want to shop locally, but because their needs have changed," says the report.

Verdict believes that the future of

neighbourhood retailing lies in the development of the 'C-store' (convenience store), which will complement superstores. A successful C-store will provide all regularly purchased local goods and services, and may include a pharmacy.

As superstores are finding it harder to open stores out of town, they are becoming more interested in neighbourhood shops. But Verdict thinks that for more C-stores to become viable, they may have to adopt a premium pricing structure.

'Verdict on Neighbourhood Retailing 1998', price £890. Verdict, tel: 0171 2556400.

To ensure people are not sent a civil recovery demand by mistake, the civil recovery unit pores over each case to ensure an offence has been committed under the 1958 Theft Act. Police have to endorse the unit's conclusion before the civil recovery case is pursued further.

Professor Bamfield said civil recovery would be another deterrent to shoplifters, although he admitted retailers could do nothing if shoplifters refused to pay the civil recovery costs.

Michael Richards, Safeway Stores' security director, said few thieves would refuse to pay in practice because retailers would eventually send in bailiffs to recover the money, and the thieves' names would be put on credit blacklists.

"This is a war of attrition," said Professor Bamfield. "We want to concentrate on those people against whom civil recovery will be effective."

Civil recovery retailers will have posters inside and attached to their doors and windows to highlight their involvement in the scheme.

A random sample of 550 local shoppers will be questioned in December to check what they think of the pilot and shop theft in general.

If the pilot succeeds, retailers will spread civil recovery procedures nationwide. They expect most of the UK could be involved within the next two years.

Retailers would eventually like the Government to pass specific legislation, which would provide a framework to use civil recovery.

## New £18.2m plant for Zeneca

Zeneca Pharmaceuticals is investing £18.2 million in the construction of a new manufacturing facility at its Macclesfield, Cheshire, site.

The plant, due to start operating at the end of 2000, is scheduled to manufacture ZD9331 - a potential new treatment for advanced colorectal cancer and other solid tumours - currently in Phase II clinical trials. It will also have the capability to manufacture wide range of products in the company's development pipeline.

Ten new jobs will be created at the plant.



## CP doubles profits to £11.3 million

CP Pharmaceuticals' (CP) profits doubled to £11.3 million on a turnover of £23.9m for the year to June 30.

Its turnover, backed by a 46 per cent rise in its contract manufacturing sales, rose 15 per cent. CP said its contract manufacturing division was benefiting from the current wave of rationalisation in the pharmaceutical industry, and by the growth of biotech businesses that do not have their own plants.

CP's generic sales, meanwhile, grew 19 per cent and its branded hospital turnover rose 3 per cent. Its export sales fell 5 per cent, although the company said the previous year's exports were misleading because they were inflated by one high volume contract.

CP recently opened an £8.2m plant for sterile products, which should help increase its exports this year.

## Unilever licenses hair loss technology to BMS

Consumer products group Unilever is farming out the development of a compound, which might prevent hair loss, to pharmaceutical giant Bristol Myers Squibb.

BMS has paid Unilever an undisclosed sum and will seek to develop a prescription product from its research. Milestone payments will be made as the drug clears regulatory hurdles and royalties will be due if the product comes to market.

Researchers at Unilever came across the compound in the late 1980s while investigating shampoos and haircare. The technology was patented, but not pursued until earlier this year when Unilever decided to develop its intellectual property.

It is the first time Unilever has licensed a product to a pharmaceutical company.

# NPA seeks amendments on pricing requirements

The Department of Trade and Industry has agreed to exempt medicines from unit pricing requirements being introduced under a European directive. Its position on vitamins and food is less clear, although it is hoped that eventually they too will be exempted from the requirement which means every item has to be individually marked with its price.

In its response to the consultation document containing proposals relating to the implementation of the new price marking Directive (EC Directive 98/6/EC), the National Pharmaceutical Association argued against proposals to require retailers to display visible price tickets on all sale items, so that consumers would be able to see the price of an item without having to ask.

The NPA believes this 'visibility' requirement goes further than the requirements of the Directive and would create difficulties for community pharmacists. Citing perfume as an example of the sort of 'luxury' pharmacy product which required an attractive display, it said that having to mark

every bottle of fragrance with a 'visible' price tag would detract aesthetically from the display.

Also, as many pharmacy products were displayed behind the counter, it would be difficult to determine what was 'visible' - what was clearly identifiable to one customer may not be so for another. The alternative to individual pricing - the use of a price card placed on or near the goods - would not be practicable in most pharmacies given the constraints on space.

The DTI has also agreed to introduce an exemption for small retail businesses, with floor area as the criterion used to determine business size. The NPA has lobbied that to maintain consistency with existing legislation and to minimise confusion, any definition should be based on that already included in the Sunday Trading Act. This defines a large shop as having a sales area greater than 280 square metres.

A full consultation on the Price Marking Order and Code of Practice is scheduled to take place later this year.



**Alliance Valuers & Stocktakers, Business Sales & Valuation Division, recently relocated to new premises at Windsor house in Harrogate. Pictured above at the new offices are (from left to right) Andrew Calder, Ruth Puddy, Philip Sladdin, Jayne Cawthorne and David Talbot**

## COMING EVENTS

MONDAY, OCTOBER 12

**Southampton & District Branch and North Hampshire Branch, RPSGB.** At the Forge Suite, The Anvil Theatre, Basingstoke, 7.30 for 8pm - 'Schizophrenia'. Speaker from Eli Lilly.

**Swindon & District Branch, RPSGB.** At the PMH postgraduate centre, 7 for 8pm. 'Terminal Care - Part II'. Speaker: Dr David Spence.

TUESDAY, OCTOBER 13

**Oxfordshire Branch, RPSGB.** At the Postgraduate Medical Centre, Level 3 of the John Radcliffe Hospital, 8pm - 'PIANA'. Speakers: Charles Butler, local co-ordinator and Jo Clyde, consultant in computer technology.

WEDNESDAY, OCTOBER 14

**Bury & District Branch, RPSGB.** At Norton Grange Hotel, Manchester Road, Rochdale, 7.30pm. Buffet. 'It's in your hands'. Speaker Mark Koziol, Council member and Director of PPLS.

THURSDAY, OCTOBER 15

**Bristol Branch, RPSGB.** At BAWA Leisure Centre, Southmead Road, Filton, 7.30pm. 'Pass the prescription pad, please!'. by Professor Clare Mackie.

**The Young Pharmacists Group annual conference**, themed 'The Full Monty', takes place on **October 24-25** at the Novotel, London Hammersmith. The conference will explore how pharmacists can set up a range of clinics as well as debating the issue of pharmacist supervision. Speakers include Susan Sharpe, Wally Dove and John Ferguson. Further details are available from YPG public relations officer Sid Dajani on 01980 654244.

**The UniChem 1999 convention** will be held in Kota Kinabalu in Malaysia from **September 25-October 3**. The cost is £945 for an adult sharing a twin room. Flights are from Heathrow airport. For more information contact SolerTouriste Ltd on 0171 7382837.

**The Vantage 1999 convention** will be held in Marbella, Spain, from **May 6-9**. For the first time, the convention is open to all AAH customers. Further details, available in November from Jayne Harrison on 01203 432000.

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For an application form and job description contact: Personnel Department, Sussex Eye Hospital, Eastern Road, Brighton BN2 5BE. Tel. 01273 664898 (24 hour answerphone). **Code: J370**

Closing date: Wednesday 28th October 1998.

Interview date: Wednesday 18th November 1998.

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For an application form and further details please contact: Rachael Bubalo, Drug Action Team Co-ordinator, c/o Birmingham Health Authority, St Chad's Court, 213 Hagley Road, Edgbaston, Birmingham, B16 9RG. Telephone: 0121 695 2261.

Closing date for receipt of completed applications is Friday, 30 October 1998.

*Birmingham Health Authority is committed to working towards equal opportunities and welcomes applications from all regardless of their religious beliefs, ethnicity, sexual orientation, gender or disability. No smoking policy in operation.*

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E-mail: trish.horton@aah.co.uk

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# Mouse mat 'must have'

The latest 'must have' in the world of information technology has emanated from Lambeth itself.

Yes, it's the *Pharmaceutical Journal's* own mouse mat. One of the more pleasing aspects of the mat is that it changes as it is used, having a clear plastic layer filled with an oily, coloured liquid which squishes about as the computer mouse is dragged around.

First comments are that it is a bit too medical, the red liquid making it resemble a bag of donated blood. But as it is quite tactile, perhaps it serves as an executive toy to de-stress the busy office worker. Of course, there is a - literally - underlying message: 'trusted and respected' and the PJ's logo appears in blue underneath.

Marks out of ten? A pretty cool nine.

## It's all in cyberspace

What have the psychotherapeutic value of budgerigars and the College of Pharmacy Practice got in common?

A prominent feature at the College weekend (October 2-3) was the cybercafe, giving delegates unfettered access to the internet for the two days of the meeting. Activities were set, we are told, to develop skills in searching for material to support evidence-based practice. Do budgies have an important role in de-stressing overworked pharmacists?

The more serious weekend theme was 'Making Computers Work for You'.



**Sinead Murphy, the Lloyds Pharmacy Graduate of the year, (pictured centre with her trophy) took first prize ahead of 124 other pre-reg graduates, with Sandra Woolley and Sanjeet Nijkar as runners up. The 19 finalists spent a day at Coombe Abbey, Coventry. Pictured with the finalists are representatives from Reckitt and Colman and AAH**



**Ruth Hopkinson, the first person in the UK to complete the National Pharmaceutical Association dispensing technician's NVQ course, was presented with her certificate and a bouquet of flowers by NPA board member John Hind (right). On the left of Ruth, from Tesco In-store Pharmacy, Mansfield, is Gary Flint, Tesco store manager**

## OBITUARIES

**Dr Susan Marion Wood, MD FFPM,** died on September 30 aged 46. Dr Wood had been director of the post-licensing division of the Medicines Control Agency since 1994.

She trained in pharmacology at King's College, London University, and in medicine at St Bartholomew's Medical School. In 1983 she joined the medicines division of the Department of Health where over the next ten years she developed the ADROIT computer system for handling drug adverse reaction reports, and its successor MEDDRA. She was also a principal assessor to the Committee on Safety of Medicines.

With the advent of the new European systems of drug regulation in 1995 she became one of the two UK representatives on the Committee for Proprietary Medicinal Products, and chaired its Pharmacovigilance Working Party.

Dr Keith Jones, chief executive, MCA, writes: "Susan Wood was a person of remarkable vision and energy. For the past ten years she has been the driving force behind pharmacovigilance at the MCA.

Throughout her career she

championed the safety of medicines, and had effectively developed improved systems for dealing with drug safety issues. Her contribution was immense, not only in the UK but also in Europe.

"Proper information for patients was something that she enthusiastically drove forward. It is particularly sad that she did not live to see the day when every medicine on the UK market will have an associated patient information leaflet.

"After becoming ill she rather typically insisted on continuing her work. Being a private person, her colleagues hardly knew she was unwell until a very late stage in her illness. Her contribution to public health has been immense and the world of medicines regulation has lost a major force."

**Jim Hall, MSc CChem FRSC,** died on September 29 after a long illness. Mr Hume was technical director of Sussex Pharmaceutical.

Nigel Hume, managing director of Sussex Pharmaceutical, writes: "Jim was a well respected member of the company who served us loyally for some 15 years and will be sadly missed."

## Co-op fund targets local schools

Lincoln Co-op Chemist is to present 30 grants to local projects in its annual HealthCare Fund presentation next month.

The fund, initiated in 1994 as a way of returning dividend to members and benefiting other customers, has distributed almost £100,000 to community projects.

The only criteria in judging the relative merits of applications is that they should be of direct benefit to patients in the community. This year the fund has specifically targeted schools in order to promote health education in young people.

The awards will be presented by Mr Ron Clark, president of the Lincoln Co-op board, on November 24.

## Honeysett





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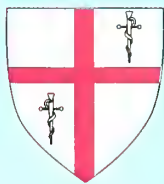
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For further information please contact: Bartholomew Rhodes Ltd., Brixworth, Northampton NN6 9DQ.  
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A man in a dark suit and tie stands next to a giant, oversized tube of Ibuprofen. The tube is white with the word "IBULEVE" printed vertically in large, blue, serif capital letters. The background is a solid, vibrant blue. The man is looking towards the camera with a slight smile.

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